



ABBEVILLE PUBLIC UTILITIES
Telephone: 864-366-5058
Fax: 864-366-8052

APPLICATION & AGREEMENT FOR COMMERCIAL UTILITY SERVICE

BUSINESS NAME _____

OWNER / MANAGER _____

FEDERAL TAX ID # _____ OWNER'S SSN _____

SERVICE LOCATION _____

BILLING ADDRESS _____
PO BOX OR STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE NUMBER _____ FAX NUMBER _____

Date service required ? _____ Have you ever had service from Abbeville Public Utilities before? _____

If yes, under what name? _____ What address ? _____

Do you own or rent this business location? _____

PROPERTY OWNERS NAME AND ADDRESS (IF RENTED) _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____

Any and all service provided shall be subject to the regulations, policies, rates, and charges of the Abbeville Public Utilities System. Applicants NOT providing the information requested here or giving the authorization requested, may be denied service or charged a service deposit sufficient to pay the total of any two months utility charges, and all payments must be made with cash, money order, or credit card (no checks will be accepted).

The initial deposit paid prior to providing service is to be considered minimum for a service deposit. Should it be determined that a larger deposit is required, the applicant must pay the additional deposit within five (5) days of mailing of notification. Failure to make said additional deposit as required will result in the service being disconnected until payment is received.

The applicant shall be responsible for all proper utility charges for service provided to this location until notification is received from the applicant or his proper authorized representative to discontinue service.

Service may be denied or discontinued if it is determined that the applicant owes uncollected utility bills or has other indebtedness due to the City of Abbeville.

By signing this application for utility service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The City of Abbeville has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the City of Abbeville chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the City of Abbeville. If the City of Abbeville chooses to pursue debts in a manner other than the setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

THIS IS A CONTRACTUAL AGREEMENT: The above information is complete and correct to the best of my knowledge. I hereby authorize the Abbeville Public Utilities System, or its agent, to conduct an investigation concerning information relating to utility service. I also authorize the Abbeville Public Utilities System to provide information to my prior and future utility suppliers as may be requested by them. I hereby acknowledge and agree to the conditions of service indicated.

DATE

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Account number: _____

Clerk Initials: _____

Notes: _____