



COMMERCIAL SERVICE APPLICATION

Note: Fields with * must be completed.

Service Type*	New _____	Transfer _____	Electric _____	Water _____	Gas _____	Telecom _____
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Business Name* _____ Tax ID* _____
 Owner/Point of Contact* _____ Phone* _____
 Service Address* _____ Connect date* _____
 Billing address (if different)* _____
 Email _____ Bus Phone* _____
 Emergency after hours contact information (name and phone)* _____

How do you want to receive your statement (bill)? circle one* E-Bill Paper Bill Both

Internet We offer fiber optic and wireless service in some areas. Advise if interested. Yes _____ No _____

Statement Billing (Ask a Customer Service Rep for more information) Yes _____ No _____

Fort Valley Cares Program (Round-Up Plus 1)

Customers are automatically enrolled unless opting out below.

_____ I authorize the Utility Commission to add the following amount to my bill each month
 (please circle one) \$1 \$5 \$10 Other \$ _____

_____ I would like to opt out of the Round-Up Plus 1 program

By completion of this Application for New Service or Transfer form, I am assuming responsibility for payment of any services provided by the Utility Commission. I understand it is my responsibility to notify the Utility Commission, in writing, when service is to be disconnected. Any charges up to the date of notification received by the Utility Commission will be my responsibility.

Service may be denied or discontinued if it is determined that the applicant owes uncollected utility bills or has other indebtedness to the Fort Valley Utility Commission.

I authorize this facility, along with any billing service, their collection agency, or attorney who may work on their behalf, to contact me on my cell phone and/or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication.

_____ **I would like to opt out of courtesy bill notification calls.**

Please read and check:*

_____ **Not receiving a bill does not relieve me of responsibility to pay the bill.**

_____ **This application authorizes the Utility Commission to conduct a credit check.**

Customer Signature: _____ Date: _____

Your bill due date will be the _____ of every month.

- When due date is on weekend or holiday, bill will be due next business day.

OFFICE USE ONLY

New Acct # _____ Old Acct # _____ Owner _____ Tenant _____

Service Fee: \$15.00 _____ Deposit Amount \$ _____ Transfer Deposit \$ _____

Scanned by _____ Completed by: _____

Initials Date

Revised 12/2019