



CITY OF COLLEGE STATION
UTILITY CUSTOMER SERVICES
POST OFFICE BOX 10230 310 KRENEK TAP RD
COLLEGE STATION, TEXAS 77842-0230
(979) 764-3535 800/849-6623
FAX (979)764-3791

Commercial Application Customer Check List

1. Completed application

Please make sure that all items on page one of the application have been completed. Incomplete applications will not be processed. An authorized representative must sign page two of the application.

2. Deposit Requirements

All accounts will be billed a deposit unless an acceptable letter of credit is submitted along with the application. See deposit requirements on page two of the application.

3. Authorized Representatives

If there are others authorized to make changes to this account, please indicate their names and identification on page four and return it along with the application.

Please contact Customer Service at 979.764.3535 regarding deposit amounts and payment options. Applications can be faxed to 979.764.3791 or emailed to utilities@cstx.gov.



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CID _____
LID _____
(for office use only)

Commercial Account Service Request

All commercial accounts must be inspected and approved by the Development Services Department. Once approved for connection, a work order will be scheduled for completion. While the connect will not be completed prior to the date requested below, it is possible that service may not be completed until after this date.

Connect Date Requested: _____

Name of Business _____

Service Address _____ Sq. Ft. _____

Type of Business _____

Business Phone _____ (actual phone number for service address)

Federal Tax ID Number _____

(Social Security number for Sole Proprietorship)

Tax Exempt? _____ (If yes, please include Exemption Certificate)

Are you operating under an assumed name? _____ Yes _____ No

If yes, give the assumed name: _____

Ownership Info: _____ Partnership, _____ Corporation

_____ Sole Proprietorship, Other _____

(Anything other than Sole Proprietorship, attach Certificate of Filing and W-9 forms to establish account.)

Mailing address for utility statements:

Address: _____

Name(s) and address(es) of principal(s):

Name _____ Address _____

Name _____ Address _____

Name of person requesting utility service and furnishing above information:

Name _____ Title _____

Address _____

Telephone _____ Date _____

Contact Person (for payment questions, etc.):

Name _____ Title _____

Address _____

Telephone _____ Date _____

Fax number _____ E-Mail Address _____

Commercial Account Service Request, continued

The applicant whose name appears on the first page of this form does hereby request the City of College Station, Texas to furnish utility services to the address referenced and hereby agrees to pay said City all sums which may be billed for such services at the rate then set by the City. The applicant also understands that unpaid utility bills for this or any additional locations that had utility services in applicants name will be transferred to an active account if those balances are not paid in full.

Connect Fees: will be billed on the first bill – Electric - \$30.00, Water - \$20.00

Deposit Requirements: Commercial accounts will be billed a deposit in one installment on the first months bill. The deposit is two times the estimated average monthly bill amount. An account can be exempt from the initial deposit by enrolling in auto pay or by providing a letter of credit with this service request. The letter of credit must be from a current utility company providing the following criteria: at least twenty four months of service with no late payments, no returned checks or disconnects for non-pay in the most recent twelve months.

Deposit amounts will be evaluated periodically to ensure adequate deposits are collected for each utility account. If an additional deposit is required, it will bill in one installment. If the utility account is disconnected for non-pay, the deposit amount will be evaluated to ensure an adequate deposit is on the account. If an additional deposit needs to be collected, the additional deposit will be collected before services are restored.

Please contact Customer Service (979.764.3535) regarding applicable utility deposits and payment options.

This agreement is binding until applicant gives proper notice to discontinue service.

Authorized Signature: _____

Printed Name: _____

Signed this _____ day of _____, 20__



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Account Name _____

Service Address _____

Phone number _____

Social Security Number or Federal Tax ID Number _____

In order to better serve you and protect your privacy, College Station Utilities will allow changes to be made to the account by the account holder or an authorized representative(s).

Please authorize following persons:

Name _____

Identification (last 4 digits of Social Security number) _____

Name _____

Identification (last 4 digits of Social Security number) _____

Name _____

Identification (last 4 digits of Social Security number) _____

Name _____

Identification (last 4 digits of Social Security number) _____

Name _____

Identification (last 4 digits of Social Security number) _____

Name _____

Identification (last 4 digits of Social Security number) _____

Name _____

Identification (last 4 digits of Social Security number) _____

(Please attach separate sheet if necessary)

Signature: _____ Printed Name: _____

Title: _____ Identification (last 4 digits of SS #) _____

Signed this ____ day of _____, 20__