



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

APPLICATION & AGREEMENT FOR COMMERCIAL UTILITY SERVICE

LEGAL COMPANY NAME \_\_\_\_\_ DBA: \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_

IF PRIVATELY OWNED, OWNER'S SS# \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ OTHER CONTACT # \_\_\_\_\_

Date service required \_\_\_\_\_ Do you own or rent this property? \_\_\_\_\_

Have you had service with us before? \_\_\_\_\_

If yes, under what name? \_\_\_\_\_ what address? \_\_\_\_\_

**All available services at this location will be connected. If you do not want all services activated, please specify the services you want ON:** \_\_\_\_\_

Any and all services provided shall be subject to the regulations, policies, rates, and charges of the City of Abbeville. The customer hereby gives the City the right-of-way necessary and agrees to maintain continuous and secure access for the installation and maintenance of poles, wires, meters, pipes, and other appurtenances necessary for furnishing the services requested. 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 (if any) paid prior to providing service is considered minimum for a service deposit. Should it be determined that a larger deposit is required, the applicant must pay the additional amount within five (5) days of mailing the 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 the service provided to the location until written notification is received from the applicant or the 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 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 chooses to pursue debts in a manner other than the setoff program, the applicant agrees to pay the costs and collection 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 City of Abbeville, or its agent, to conduct an investigation concerning information relating to utility service. I also authorize the City of Abbeville, or its agent, 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: \_\_\_\_\_