



Town of Louisburg **Commercial Utility Application**

110 W Nash St. Louisburg, NC 27549
Office: 919-496-3406 Fax: 919-496-6319
www.townoflouisburg.org
Applications accepted 8:30 AM – 3:00 PM

A Legal Photo ID (such as a Valid Driver's License, Government Issued ID or Passport) is required to establish service.

Electric Deposit is based on location and/or Water Deposit is based on location (Cash, Check, Visa or MasterCard)

A Deposit is required for all accounts before service is established. See Customer Service for deposit. Buyer's/Lease agreement papers are required. The Town of Louisburg shall attempt collections of all parties listed on lease agreement or closing papers. Any additional costs incurred during the collection process will be the responsibility of said parties.

Service will be connected within the business day (weekends & holidays not included). **A processing fee of \$12.00 is due for all new accounts.** Application must be filled out completely, accurately & legibly in order to establish service. Any applications received after 3:00pm will be processed the next business day. Customers who fax applications will receive a phone call if a deposit is needed.

Customer Name: _____

Type of Business: (retail, restaurant, bank, etc.) _____ **Email/Website:** _____

Tax ID/EIN#: _____ **Contact Person:** _____

Business Phone #: _____ **Cell #:** _____

Service Address: _____ **Suite #:** _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (If different): _____

City: _____ **State:** _____ **Zip:** _____

Owner of Company: _____ **Date of Birth:** _____ **SS#:** _____

Driver's License #: _____ **State:** _____ **Phone #:** _____

Own: **Rent:** **Property Owners Name:** _____ **Phone #:** _____

Previous Town of Louisburg Service? Y N Do you need to **schedule service disconnect** at your current location: Y N

If so, when/where? _____ **Address:** _____ **Disconnect:** _____

Previous Address: _____ **City:** _____ **State:** _____ **Zip:** _____

***Utility Service Start Date:** _____

If someone other than a Town employee damages the meter box or its contents, the customer on record will be responsible. In applying for service, I acknowledge that a credit report may be ordered to determine eligibility or deposit requirements; I verify that to the best of my knowledge the above information is correct. **I certify that I am responsible for this account and that all bills must be paid and received on or before 5:00 pm on the due date to avoid penalty. Not receiving a bill does not excuse the fees.** I also understand that if I move out of the listed address, I am required to contact the Louisburg Customer Service Department and/or complete a disconnect request. I understand that I am responsible for all bills until such time as the disconnection is completed and submitted.

**Customers must insure all inside plumbing is shut off. Any damage as a result of open faucets or leaks inside the property is the customer's responsibility. I acknowledge if the meter shows unusual usage that is considered above normal, it may be turned back off and my presence will be required for connection of service. _____ Customers initials*

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Rev 01-20
New Account #: _____ **Previous Account # (If applicable-see disconnect form)** _____
Inside city limits? – Y N **Garbage Service Needed? – Y N** **Comments:** _____
Driver's License Verified by _____ **Bad Debt? - Y N** _____ **Bad Debt Account#:** _____
Comments (Balance/IP): _____
Electric Deposit \$ _____ **by** _____ **Turn On** _____ **Unlock** _____ **Readout** _____ **Date:** _____
Water Deposit \$ _____ **by** _____ **Turn On** _____ **Unlock** _____ **Readout** _____ **Date:** _____