

**TOWN OF HINTON/HINTON PUBLIC WORKS AUTHORITY
COMMERCIAL UTILITY SERVICE CONTRACT**

A government-issued photo identification card (to be copied), a minimum deposit of \$250.00 and a non-refundable \$20.00 initial service charge are required prior to connection of services.

Please Print in All Fields – All information must be completed & approved before service will begin.

Service outside of Town Limits will be provided only upon additional approval & execution of separate contract.

Service Address _____ Requested Start Date _____
Own Building _____ Lease Building _____ Landlord _____ Landlord's Phone _____
Mailing Address (if different from above) _____
City _____ State _____ Zip _____

Primary Account Owner/Applicant:

Business Name: _____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____
State of Formation _____ Tax ID# _____
Applicant Legal Name: Last _____ First _____ Full Middle _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ SS# _____ DL# _____ DL State _____
Position with Business: _____ Prior service with the Town of Hinton/HPWA? Yes _____ No _____
If "Yes," Former Service Address _____ Disconnect Date (if transferring to a new address) _____

Business Partners/Shareholders/Members (if any):

(1) Legal Name: Last _____ First _____ Full Middle _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ SS# _____ DL# _____ DL State _____
Employer _____ Position _____

(2) Legal Name: Last _____ First _____ Full Middle _____
Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ SS# _____ DL# _____ DL State _____
Employer _____ Position _____

Billing Information – if Different from Above:

Name: _____ Position: _____ Phone: _____
Address _____ City _____ State _____ Zip _____
Use back of page if additional spaces are needed.

In Case of an Emergency, we may contact this relative not living at the address of this utility service contract.

Name _____ Phone # _____ Relationship to Account Owner: _____
Address _____ City _____ State _____ Zip _____

Contract/Agreement/Personal Guaranty

The undersigned Applicant, personally and on behalf of the named Business, agrees to pay the full amount of the bill for utility services, which is due and payable by the due date printed on the utility bill. If the bill is not paid by the due date, a late fee in the amount of ten percent (10%) of the total amount due will be assessed and added to the bill. If service is disconnected for any reason, a reconnect fee will be assessed. Utility service will not be restored until all past due amounts, any penalties, and all fees are paid in full. *Applicant personally guarantees the payment of this Business Account and understands that he/she is personally responsible for payment for all services provided under this Agreement and that this is a guaranty of payment.*

I hereby certify that the information provided is truthful and accurate and agree to the terms set out above. I understand that failure to pay the account balance may result in collection efforts, including legal action and/or the account being turned over to a collection agency. I understand that I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law. **Further, I have received a copy of the Policies for Municipal Water Services and agree to comply with those policies.**

Applicant Signature _____ **Date** _____

Executed before me by _____, the Owner/Applicant identified above, on ___/___/201__.
Commission Number _____ (Notary Public)
Expiration Date _____
[[seal]]

Office Use Only: New/Continuing _____ Transfer _____ In Town Limits? _____ ACCT #: _____