

TOWN OF GRETNA

Commercial / Industrial / Church Application and Service Contract

The undersigned (hereinafter called the Applicant) hereby applies for Utility services with the Town of Gretna (hereinafter called the Town) and the Applicant agrees to the terms as stated on the back of this document.

The acceptance of this application by the Town shall constitute an agreement between the Applicant and the Town and this contract for Utility services shall continue in force from the date service is made available by the Town to the Applicant, until terms of the contract is terminated.

PLEASE PROVIDE ALL INFORMATION COMPLETELY AND ACCURATELY -- Please Print Clearly

Billing Information:

Date: _____ Phone #: _____ Fax #: _____

Legal Name: (As account is to be billed): _____

Service (911) Address: _____

Mailing Address: (Street or PO Box): _____

City: _____ State: _____ Zip Code: _____

Record Information:

Type of Business: _____ Own Lease, Lease Term: _____

Landlord Name: _____ Phone #: _____

Landlord Address: _____

Agents of Business / Service: 1. Sole Proprietor 2. Partnership 3. Corporation 4. Church

1. Sole Proprietor – List Name of Sole Proprietor

Name: _____ Title: _____ FEIN#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

2. Partnership – List all General Partners for General or Limited Partnership

Name of General Partner: _____ Title: _____ FEIN#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of General Partner: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

3. Corporation – List Officer's Name (President, Vice President, Secretary/Treasurer) and Registered Agent

Name of General Partner: _____ Title: _____ FEIN#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Name of General Partner: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

4. *Church* – List Trustee and Secretary/Treasurer

Trustee Name: _____ FEIN#: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Secretary/Treasurer: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

SUMMARY OF SERVICE CONTRACT TERMS

1. **Terms and Conditions** – All rules and regulations contained in the Town’s current Code and Ordinance, as revised, modified, or replaced from time to time, are inclusive in this contract. The Applicant will comply with and be bound by the provisions of the aforementioned; including provisions that service shall be discontinued if bills are not paid within the prescribed time period.
2. **Payment** – The Applicant agrees to pay as billed by the Town for all Utility services provided on the premises now owned or occupied by the Applicant, in accordance with the rate schedule and terms and conditions established by the Town Code. The minimum monthly charge for Utility service will be that which is specified in the applicable rate schedule. If payment is not received and posted by the due date, the account becomes delinquent and the Town shall notify the Applicant in writing by notice that Utility service may be discontinued if the bill is not paid. Discontinuance of Utility service shall not relieve the Applicant of its obligations under this contract. Fees of \$50.00 will be charged to reconnect services.
3. **Deposits** – The Applicant shall deposit with the Town a security deposit as established by the Town Council of \$200.00. Said deposit shall be held by the Town for the term of the contract until terminated.
4. **Deposit Refund** – The deposit will be refunded after the contract is terminated, provided the Applicant has established satisfactory credit and fulfilled all obligations during this term of the contract.

Deposit Amount: \$ _____ Monthly Minimum: \$ _____

-----Signature – PLEASE SIGN FULL NAME-----

Authorization – I, signing as Applicant or Co-Applicant, certify that I am an authorized agent of the above named organization with full authority to have Utility service placed in the above name and agree to each of the aforementioned terms.

Applicant Signature: _____ Date ____/____/____

Applicant’s Title: _____

Witnessed By: _____ Date ____/____/____

Co-Applicant Signature: _____ Date ____/____/____

Co-Applicant’s Title: _____

Witnessed By: _____ Date ____/____/____

-----OFFICE USE ONLY-----

Account #: _____ Date Application Received: _____

Fees Collected:

Deposit: \$ _____ Service Charges: \$ _____ Reconnect: \$ _____ Back Debt: \$ _____ Total: \$ _____

Rate Code: _____ Checked By: _____ Title: _____ Date ____/____/____