

# Application for Commercial Services

City of Anderson, IN – Utility Office -- Customer ID# \_\_\_\_\_

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Commercial Customer Information: Account #: \_\_\_\_\_ office use

Name of Business or Entity: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Company Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ I would like to have bills sent by email.

Cell Phone: \_\_\_\_\_ I agree to receive notifications by text or email.

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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**Auto-Draft service (need a copy of a voided Check and additional form completed)**

## Utility Services Agreement

### Agreement for Services with Anderson City Utilities

It is hereby agreed that the undersigned will accept billing and be responsible for the utility charges accrued at the location described above as the "Service Address". **This obligation will continue until such time that the signing party gives written notice in the form of a request to disconnect service to this office.** If the collection of any delinquent charges is necessary, the signee agrees to be responsible for past due amounts and all costs accrued in the collection process, including delinquent charges, legal fees along with processing and court costs.

This application for Utility Services shall constitute a service contract between the Applicant and Anderson City Utilities, and the Applicant agrees to pay and is bound by the rules and regulations of Anderson City Utilities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant #1

\_\_\_\_\_  
Signature of Co-Applicant #2

A \$5.00 application fee will be charged at the time deposits are paid at the cashier if a soft credit check is required.

**For Use by the Utility Office**

**Date:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Entered by:** \_\_\_\_\_

**Electric Deposit:** \_\_\_\_\_ **Water Deposit:** \_\_\_\_\_

**Deposit rated at:** High Risk Medium Risk Assisted Deposit Waive Deposit Mgt. Initials: \_\_\_\_\_

**Services to be billed:** Lights Water Sewer Storm Trash

**Copy of Credit Report Attached?** YES NO **Adverse Action Letter\* given to customer:** YES NO

**PLEASE MAKE SURE YOU HAVE AN EMERGENCY CONTACT ON THE APPLICATION.**

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
The Application can be submitted in person at the Utility Office, 120 E 8<sup>th</sup> St, Anderson IN 46016 (ground floor of City Hall) or by one of the following options.

**Mailing Address:** Anderson City Utilities, PO Box 2100, Anderson, IN 46018

**Fax Number:** 765-648-5929

**Email Address:** [custserv@cityofanderson.com](mailto:custserv@cityofanderson.com)

**Note:** A valid state or government issued photo ID and a valid Lease agreement or proof of property ownership are required at the time you apply for services.

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