



**CITY OF COLLEGE STATION**  
UTILITY CUSTOMER SERVICES  
POST OFFICE BOX 10230 310 KRENEK TAP RD  
COLLEGE STATION, TEXAS 77842-0230  
(979) 764-3535 800/849-6623  
FAX (979)764-3791

## **Commercial Application Customer Check List**

### **1. Completed application**

Please make sure that all items on page one of the application have been completed. Incomplete applications will not be processed. An authorized representative must sign page two of the application.

### **2. Deposit Requirements**

All accounts will be billed a deposit unless an acceptable letter of credit is submitted along with the application. See deposit requirements on page two of the application.

### **3. Authorized Representatives**

If there are others authorized to make changes to this account, please indicate their names and identification on page four and return it along with the application.

Please contact Customer Service at 979.764.3535 regarding deposit amounts and payment options. Applications can be faxed to 979.764.3791 or emailed to [utilities@cstx.gov](mailto:utilities@cstx.gov).



**CITY OF COLLEGE STATION**

UTILITY CUSTOMER SERVICES  
POST OFFICE BOX 10230 310 KRENEK TAP RD  
COLLEGE STATION, TEXAS 77842-0230  
(979) 764-3535 800/849-6623  
FAX (979)764-3791

CID \_\_\_\_\_  
LID \_\_\_\_\_  
(for office use only)

**Commercial Account Service Request**

All commercial accounts must be inspected and approved by the Development Services Department. Once approved for connection, a work order will be scheduled for completion. While the connect will not be completed prior to the date requested below, it is possible that service may not be completed until after this date.

**Connect Date Requested:** \_\_\_\_\_

Name of Business \_\_\_\_\_

Service Address \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Type of Business \_\_\_\_\_

Business Phone \_\_\_\_\_ (actual phone number for service address)

Federal Tax ID Number \_\_\_\_\_

(Social Security number for Sole Proprietorship)

Tax Exempt? \_\_\_\_\_ (If yes, please include Exemption Certificate)

Are you operating under an assumed name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the assumed name: \_\_\_\_\_

**Ownership Info:** \_\_\_\_\_ Partnership, \_\_\_\_\_ Corporation

\_\_\_\_\_ Sole Proprietorship, Other \_\_\_\_\_

(Anything other than Sole Proprietorship, attach Certificate of Filing and W-9 forms to establish account.)

**Mailing address for utility statements:**

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

**Name(s) and address(es) of principal(s):**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**Name of person requesting utility service and furnishing above information:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Contact Person (for payment questions, etc.):**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Fax number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Commercial Account Service Request, continued**

The applicant whose name appears on the first page of this form does hereby request the City of College Station, Texas to furnish utility services to the address referenced and hereby agrees to pay said City all sums which may be billed for such services at the rate then set by the City. The applicant also understands that unpaid utility bills for this or any additional locations that had utility services in applicants name will be transferred to an active account if those balances are not paid in full.

**Account Creation Fee:** will be billed on the first bill – \$30.00

**Deposit Requirements:** Commercial accounts will be billed a deposit in one installment on the first months bill. The deposit is two times the estimated average monthly bill amount. An account can be exempt from the initial deposit by enrolling in auto pay or by providing a letter of credit with this service request. The letter of credit must be from a current utility company providing the following criteria: at least twenty four months of service with no late payments, no returned checks or disconnects for non-pay in the most recent twelve months.

Deposit amounts will be evaluated periodically to ensure adequate deposits are collected for each utility account. If an additional deposit is required, it will bill in one installment. If the utility account is disconnected for non-pay, the deposit amount will be evaluated to ensure an adequate deposit is on the account. If an additional deposit needs to be collected, the additional deposit will be collected before services are restored.

Please contact Customer Service (979.764.3535) regarding applicable utility deposits and payment options.

This agreement is binding until applicant gives proper notice to discontinue service.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_



# CITY OF COLLEGE STATION UTILITY CUSTOMER SERVICES

POST OFFICE BOX 10230      310 KRENEK TAP RD  
COLLEGE STATION, TEXAS 77842-0230  
(979) 764-3535    800/849-6623  
FAX (979) 764-3791

Account Name \_\_\_\_\_

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

Phone number \_\_\_\_\_

Social Security Number or Federal Tax ID Number \_\_\_\_\_

In order to better serve you and protect your privacy, College Station Utilities will allow changes to be made to the account by the account holder or an authorized representative(s).

**Please authorize following persons:**

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

Name \_\_\_\_\_

Identification (last 4 digits of Social Security number) \_\_\_\_\_

**(Please attach separate sheet if necessary)**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Identification (last 4 digits of SS #) \_\_\_\_\_

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_