



New Commercial (Business) Account Applicant Information

Account Number: _____ **Cycle Number:** _____

Business Name: _____ **Date:** _____

Other Responsible Party
 Last _____ First _____ M.I. _____

Service Location: _____ **Own:** _____ **Rent:** _____

Mailing Address (if different from above)

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

Email Address: _____

Would you like **E BILL**? YES NO Would you like Automatic Bank Draft? YES NO
 ATTACH VOIDED CK PLEASE

Does address have existing **TRASH CAN/DUMPSTER**? YES NO

Have you had prior service in MacClenny? YES NO If yes, where? _____

Disclaimer and Signature

By signing below, I authorize The City of MacClenny to turn the water on at the location above and assume liability.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

FEIN _____

DL#
State: _____ **DOB:** _____

Deposit Amount: _____ **Administration Fee:** _____ **Cash/Card/Check:** _____

Utility Clerk: _____ **Date:** _____