



NAME: LAST _____

FIRST _____

COMPANY: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

DL NUMBER: _____

DL STATE: _____

DOB: _____

EMPLOYER: _____

EMPLOYER TELEPHONE: _____

Tax Exempt: YES NO If, yes provide a Tax Exempt letter

REFERENCES:

FRIEND NAME: _____

RELATIVE NAME: _____

CRITICAL CARE NEEDS: YES NO If yes, please provide a letter from your physician.

NEW SERVICE CONNECT DATE: _____

TRANSFER: YES NO **TRANSFER FROM LOCATION:** _____

DISCONNECT DATE AT CURRENT LOCATION: _____

Customer Signature

Date

SERVICES REQUESTED

ELECTRIC

WATER

SEWER

REFUSE (PLEASE CIRCLE WHAT TYPE)
COMMERCIAL CONTAINER: 2,4,6 OR 8 YARD
COMMERCIAL OR RESIDENTIAL POLY-CART

PAY YOUR BILL ONLINE: farmersvilletx.com or
municipalonlinepayments.com/farmersvilletx.

BANK DRAFT YES NO

IF YES:

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PAPERLESS BILLING YES NO

(EMAIL ADDRESS IS REQUIRED FOR PAPERLESS BILLING)

TELEPHONE: _____

TELEPHONE: _____

FOR OFFICE USE ONLY

CONNECT FEE \$ _____

ELECTRIC DEPOSIT \$ _____

WATER DEPOSIT \$ _____

TRANSFER FEE \$ _____

PAYMENT RECVD \$ _____

LETTER OF CREDIT PROVIDED FROM

ACCEPTABLE UNACCEPTABLE