



# CITY OF AMORY

Water and Light

Office - 129 Main Street North • P.O. Box 266  
Amory, Mississippi 38821  
Office: (662) 256-5633 • Fax: (662) 256-6335



## COMMERCIAL ACCOUNT SERVICE AGREEMENT

ACCOUNT# \_\_\_\_\_

PLEASE PRINT ALL INFORMATION BELOW

BUSINESS/COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWNER'S SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ACCTS PAYABLE CONTACT NAME & #: \_\_\_\_\_

CIRCLE ONE: OWN or RENT IF YOU RENT, LANDLORD'S NAME: \_\_\_\_\_

HAVE YOU HAD SERVICE WITH US BEFORE: \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONAL REFERENCE NAME & #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The undersigned hereby makes application for utility service and agrees to pay for said service as measured by City of Amory Utilities metering devices in accordance with the applicable rates and charges as specified in the City of Amory Utility Rate Schedule for above address and any other location that may be incurred as a result of a request to transfer the account until City of Amory Utilities receives a request to discontinue the services or discontinues service due to failure to comply with this agreement. The customer agrees to allow right of access to the City of Amory Utilities agents on the customer's premises at all reasonable times and for necessary purposes. I/We assume responsibility for service beginning from connection date or until the City of Amory Utilities notified of cancellation of service. I/We agree that all billings rendered by said company shall be due and payable upon receipt. Failure to receive a bill does not release a customer from payment of obligations. The customer shall pay all connection expenses. Customer shall also pay all reasonable attorney fees, court fees, and collection agency fees due to default or failure to perform the obligations incurred as set forth in the agreement. It is agreed by the customer and the City of Amory Utilities that this contract shall apply to the original address of the customer and to all future addresses of the customer.

**The applicant agrees that they have followed the guidelines set forth by the State Department of Health regarding onsite wastewater disposal.**

Information submitted to the City of Amory Utilities in this service agreement is correct and true to the best of my/our knowledge and belief.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S PRINTED NAME & TITLE: \_\_\_\_\_

JOINT APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

JOINT APPLICANT'S NAME & TITLE: \_\_\_\_\_

APPROVED-CITY OF AMORY UTILITIES BY: \_\_\_\_\_ DATE: \_\_\_\_\_