

**BEAVER CITY CORPORATION**  
**UTILITY SERVICE DEPOSIT AND POLICY FOR UTILITY SERVICES**

(OFFICE USE ONLY)

STARTING SERVICE DATE \_\_\_\_\_ ADDED TO UTILITY ACCOUNT \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_ SPOUSE OR ADDITIONAL CUSTOMER NAME \_\_\_\_\_

CO-SIGNER (RESPONSIBLE PARTY) \_\_\_\_\_

ADDRESS FOR UTILITY SERVICE \_\_\_\_\_ OWNER \_\_\_\_\_

**BILLING ADDRESS**

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ D.L. # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

MARTIAL STATUS \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

SPOUSE EMPLOYER \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

**I / We agree to pay all attorney's fees, court costs, filing fees, and all collection costs. Up to 40% of amount owing Beaver City Corporation maybe assessed by any collection agency retained to pursue the matter. I / We further agree to pay interest at the rate of one and one half percent per month, (eighteen percent per year). I acknowledge that I have read the Payment Policy and do hereby agree to the terms herewith.**

**The undersigned further authorizes us or our agent to call you at any number you provide or at any number at which we or our agent reasonably believes we can contact you, including calls to mobile, cellular, or similar devices for any lawful purpose. The undersigned also agrees to any fee(s) or charge(s) that may be incurred for incoming calls from us or our agent, and/or outgoing calls to us or our agent, to or from any such number, without reimbursement.**

**As a co-signer, I agree to be financially responsible for paying all delinquent utility bills and interest incurred and outstanding for the residence addressed above.**

(Print) CUSTOMER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(Print) SPOUSE NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(Print) CO-SIGNER (RESPONSIBLE PARTY) \_\_\_\_\_

(Signature) CO-SIGNER (RESPONSIBLE PARTY) \_\_\_\_\_

**OFFICE INFORMATION - CUSTOMER UTILITY ACCOUNT # \_\_\_\_\_**

**OPTION NO: \_\_\_\_\_ DATE: \_\_\_\_\_ DEPOSIT AMOUNT \$ \_\_\_\_\_**