

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.



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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	
	(actual phone number for service address)
Federal Tax ID Number/ Social Security #	
(Social Security # for Sole Proprietorship)	
Tax Exempt? (If yes, please incl	ude Exemption Certificate)
Are you operating under an assumed name?	Yes No
If yes, give the assumed name:	
Mailing Address for Utility Statements: Address:	
Name(s) and address(es) of principal(s Name Name	AddressAddress
Name of person requesting utility servi	ice and furnishing above information:
	Title
Address	
Telephone	Date
Contact Person (for payment questions	s. etc.):
Name	Title
Address	
l elephone	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.

Confidentiality: The Texas Utilities Code, Chapter 182, provides that a customer may request that personal information (address, phone number, or social security number) and any information relating to the volume or units of utility usage, including amounts billed to or collected from, is kept confidential. By requesting utility service, you affirm you wish to keep all information confidential. If you want your personal information provided to the public upon request, please contact customer service at 979-764-3535 or email utilities@cstx.gov.

This agreement is binding until applicant gives prope	r notice to discontinue service
Authorized Signature:	
Printed Name:	
Signed this day of	, 20



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Account Name	
Service Address	
Phone number	
Social Security Number or Federal Tax ID Number	
n order to better serve you and protect your privacy, College Station Utilities will allow changes to occount by the account holder or an authorized representative(s).	be made to the
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)	-
Please attach separate sheet if necessary)	
Signature:Printed Name:	
Title: Identification (last 4 digits of SS #)	
Signed this day of .20	

Revised 042024