



**BUSINESS APPLICATION FOR UTILITY SERVICE**

**P.O. BOX 1459 OR 2571 RAILROAD ST, WINTERVILLE, NC 28590**

**(252)756-2221-TELEPHONE (252)321-8455-FAX**

**[CUSTOMERSERVICE@WINTERVILLENC.COM](mailto:CUSTOMERSERVICE@WINTERVILLENC.COM) - EMAIL**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you the Owner or Renter of the facility?  Owner  Renter

Office Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Would you like to enroll in paperless billing?  Yes  No

Additional e-mail address for paperless billing if needed: \_\_\_\_\_

Social Security Number or Tax ID: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

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**Please provide a signed copy of a lease agreement if leasing and a picture id (driver's license) of the company representative requesting service. Please call the Town of Winterville to confirm receipt once this information has been faxed or emailed to prevent delays in the application process. A 24 hour notice is required for service request.**

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**For Office Use Only:**

Deposit \_\_\_\_\_  App Fee  Photo ID  Lease CSR: \_\_\_\_\_ Acct#: \_\_\_\_\_