



Utility Billing Department
100 W. Center St. / P.O. Box 40
Kyle, Texas 78640
512-262-3960 office
512-262-3800 fax

BUSINESS UTILITIES APPLICATION

DATE TO START SERVICE: _____

Company Name

Full Service Address (#, Street, City, State, Zip)

Business Phone Number

Tax Identification Number

Contact Person

Cell Phone Number

Mailing Address (if different)

City, State

Zip

By signing, I understand that all fees must be paid in full before the water meter will be set. I, furthermore, understand that I am responsible for this account. A service charge of \$38.06 may be imposed for any returned checks. All bills must be paid on or before the due date (15th of each month) or be subject to a late charge of 10%. If not paid before the 25th of each month, I understand that my utility service may be terminated.

Applicant's Signature

Date

OFFICE USE ONLY: EMPLOYEE INITIALS _____ WTR ____ WW ____ TDS ____

ACCOUNT # _____ **METER SIZE** _____ **COST OF METER \$** _____

DEPOSIT \$ _____ **SERVICE CHARGE \$** _____

RECEIPT # _____ **Capital Recovery Fees \$** _____ **Tap Fees \$** _____

METHOD OF PAYMENT: CASH _____ **CK #** _____ **CC AUTH #** _____