

CIS# \_\_\_\_\_

**CLARKSVILLE GAS & WATER DEPARTMENT  
COMMERCIAL SERVICE AND CREDIT APPLICATION**

The Department reserves the right to withhold service until information is verified.

Account Number \_\_\_\_\_  
Date \_\_\_\_\_ Service Requested Date \_\_\_\_\_ GS / WT \_\_\_\_\_ AM / PM  
Name of Business \_\_\_\_\_  
DBA \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Service Address \_\_\_\_\_  
Type of Business \_\_\_\_\_ E-mail Address \_\_\_\_\_  
FID# \_\_\_\_\_ EIN \_\_\_\_\_ Phone \_\_\_\_\_

**CORPORATION**

Name \_\_\_\_\_  
Home Office Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Tax ID \_\_\_\_\_  
Office Business \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PROPRIETORSHIP**

Owner \_\_\_\_\_ SSN \_\_\_\_\_  
(VOLUNTARY)  
Home Address \_\_\_\_\_  
DR LIC \_\_\_\_\_ DOB \_\_\_\_\_  
Office Manager \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PARTNERSHIP: List all Partners**

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
(VOLUNTARY) Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
(VOLUNTARY) Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
(VOLUNTARY) Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
(VOLUNTARY) Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Office Manager \_\_\_\_\_ Phone \_\_\_\_\_

**WOULD LIKE TO PAY BY BANK DRAFT? YES \_\_\_\_\_ NO \_\_\_\_\_**

1. I apply to the Clarksville Gas & Water Department, Clarksville, TN (referred to as the Department), for gas and/or water service at the location given, or any other location given, or any other location or premises occupied or designed, if said location is on or connected with Department existing distribution lines of character suitable for service. I agree to comply with, and be bound by the standard rates, rules and regulations as it may from time to time adopt or establish. I understand that copies of those, as changed from time to time may be seen during business hours at the office of the Department.

2. I permit authorized Department agents free access to my premises for the purpose of inspecting, reading, repairing or removing Department property.

3. I agree for the Department and its third party collectors to contact my employer and supervisor for the purpose of collecting delinquent bills. I agree for my employer and supervisor to provide my forwarding address and any information requested by the Department for the purpose of collecting delinquent bills. Appropriate legal action will be taken to collect unpaid bills. False information may result in discontinuation of service.

4. In accordance with City Ordinance 13-313, Clarksville Gas & Water has the right, in the event that this account is turned over to a collection agency for payment, to recover all costs of collection for delinquent accounts including attorney fees.

5. In the event I am not at the premise for turn on of services, multiple trips are subject to additional service fees for each service provided.

I have read and understand the above Statements and Policies and have been advised of my billing dates.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date