

Please Print



City of Columbia Utility Customer Services Application Commercial Utility Service

The following documents are needed when applying for utility service:

- City of Columbia Business License Number
- Missouri State Sales Tax Number
- Federal ID (EIN) Number
- Driver's License or Picture Identification of person setting up services
- Deposit Form completed - **City of Columbia Code of Ordinances, Chapter 27-20(c) requires a deposit for commercial accounts. Deposits are double the average bill, see full ordinance for more information.**
- Security Pin or Password established for account access

Date: _____

Date Services to start: _____

Name of Business: _____

Type of Business: Corporation Partnership/LLC Sole-Proprietor

Type of Deposit: Letter of Credit CD/Savings Cash

Doing Business as: _____

Service Address: _____

Billing Address: _____

Current City of Columbia Business License Number: _____

Missouri State Sales Tax Number: _____

Federal ID (EIN) Number: _____

Owner Information: _____ (Phone) _____

Address: _____

E-mail address: _____

If other than owner, name of person applying for services: _____

Account access is limited to who is listed on the account. Individuals listed to have access can make changes to the account. If you want to list additional people please provide their names, titles and phone number below and what they are allowed to do on this account. Granting access in the future to the account will have to be done with written documentation.

Name/Title	E-mail Address	Phone



City of Columbia Utility Customer Services Application Commercial Utility Service

Property Information:

Property Owner/Management Company Name (If different from Applicant)

Property Owner's Address (If different from Applicant)

Property Owner/Management Company Phone Number (If different than Applicant)

IMPORTANT-APPLICANT READ BEFORE SIGNING AGREEMENT

The applicant represents that they have accurately completed this application. The applicant authorizes City of Columbia Utility Customer Service to verify the information contained herein and to make such additional normal inquiries, as reasonably may be related to or associated with this application, from landlords, credit bureaus, employers and creditors. The applicant requests City of Columbia Utility Customer Service to furnish utility service and agrees to pay for utilities supplied to this service address as bills are rendered until notice is given to discontinue service. The applicant agrees that if the applicant, spouse and/or roommates owes the City of Columbia for any past due utility bills, all unpaid bills must be PAID IN FULL prior to service being provided anywhere within the City of Columbia service area. The applicant agrees to the terms, conditions and all regulations of City of Columbia governing the supply of utility services to customers.

X _____
Applicant's Signature

Date

X _____
Co-Applicant's Signature

Date

Please Note the Following About Service Requests:

- Due to system constraints, requests cannot be made more than 30 days in advance.
- Applications are processed during regular customer service hours only:
Mon - Fri, 8 a.m. - 5 p.m. (Except observed holidays)
- Service requests dates cannot fall on weekends or observed holidays.

For Office Use Only:

1. Application must be signed and dated by applicant
2. Mo State Sales Tax #, EIN and Business License Number
3. Deposit form submitted and deposit documentation on file
4. Driver's License Number of applicant _____ Copied
5. Applicant Signature Compared with ID Signature: Y / N
6. E-mail sent to Commercial Key Accounts Reps Y / N
7. Red Flags Present: Y / N If red flags what are they: _____

CSR: _____

 **City of Columbia Non-Cash Deposit Agreement – Letter of Credit**

Name and Address of Issuer - Must be a Missouri Institution

Date _____

TO: City of Columbia Finance Department
701 E. Broadway P.O. Box 1676
Columbia, MO 65205
RE: IRREVOCABLE CLEAN LETTER OF CREDIT NO. _____

Gentlemen:

By order of our client, _____, we hereby open our clean Irrevocable letter of Credit No. _____ in your favor for an amount not to exceed in the aggregate _____, effective immediately and expiring at the counters of the above issuer at their close of business on _____.

The purpose of this Letter of Credit is to indemnify you for and against non payment of City Utility accounts by our client. Funds under this Letter of Credit are available to you at the counters of the above issuer, in whole or in part, from time to time, against your sign draft(s) drawn on us, mentioning thereon our Credit No. _____. Each such draft must be accompanied by your signed written statement stating that the client is delinquent in the payment of utility services provided to the client at _____, Columbia, Missouri. If the issuer received your sign draft(s) and statement as above, on or before the expiration date thereof, they will promptly honor the same.

Very truly yours,

Name

Title

Issuer

(CORPORATE SEAL)

(Attach proof of authority of signer to execute Letters of Credit)

STATE OF MISSOURI)
) ss.
COUNTY OF BOONE)

On this ____ day of _____, 20__ before me appeared _____, to me personally known, who, being by me duly sworn did say that he is the _____ of the Issuer and that said instrument was signed and sealed in behalf of said Issuer by authority of its Board of Directors and the said Signer acknowledged said instrument to be the free act of deed of said issuer.

My Commission Expires: _____
Notary Public



Non-Cash Deposit Agreement – Assignment of Savings or CD

That _____ a corporation, or the City of Columbia of the
State of Missouri have or deposited with _____
of Columbia, Missouri in a ___ Savings Account ___ CD Account Number _____

As a guaranty for utilities furnished or to be furnished and for and in consideration of said utilities
furnished or to be furnished the said _____ at
Business Name

Address

does hereby authorize the Director of Finance of the City of Columbia, Missouri or other authorized
employee of said City, to withdraw from the principal only of said savings account or CD in the
amount of the services account that they may be delinquent thirty days after the due date thereof, not
to exceed \$ _____. The right to withdraw any interest paid by said bank on said
savings account or CD is hereby reserved.

In witness whereof, _____ Corporation, has
caused this instrument to be signed by its president and attested by its secretary by authority of its
Board of Directors, this _____ day of _____, 20 _____.

Name of Corporation

Print or Type President Name Here Signature of President Phone Number

Print or Type Secretary Name Here Signature of Secretary Phone Number

**Please also provide a signature card from the bank. The Utility Accounts and Billing Manager
will sign the card and return it to the bank.**