



# Commercial Service Application

City of Mount Holly  
400 East Central Avenue  
PO Box 406  
Mount Holly, NC 28120  
Phone: (704)-827-3931 Fax: (704)822-2933

Check one: Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Name of Business, HOA, Church, etc: \_\_\_\_\_

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

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

Mailing Address if Different than Service: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

**The utility bill is due on the 16<sup>th</sup> of every month. Bills not paid by the 16<sup>th</sup> will be assessed a \$15.00 late fee. Accounts that are still in the arrears as of 5:00 PM on the 26<sup>th</sup> of the month will be subject to an additional delinquent penalty of \$30.00 and disconnection of service. Failure to receive a bill in the mail does not excuse your responsibility for timely payment or prevent disconnection of service.**

**I have read this agreement and I agree to these terms. By signing this application, I agree to abide by all current and future polices stated in the City of Mount Holly Utility Billing Procedures Policy.**

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

**Office use only:**  
Account Number: \_\_\_\_\_

**New Containers:**  
Deposit: \_\_\_\_\_

Turn on Date: \_\_\_\_\_

Reading: \_\_\_\_\_

Work Order #: \_\_\_\_\_

Completed: \_\_\_\_\_