CITY OF DESOTO

COMMERCIAL ACCOUNTS

Application for Water-Sewer Service

Acct # _____

Deposit Amount$_____

Cash ☐ Check # ☐

Credit Card: Visa ☐ MC ☐ Disc ☐

SERVICE ADDRESS _____

PLEASE PRINT:

CHECK ONE: **CORPORATION** ☐ **LLP** ☐

BUSINESS NAME _____

BUSINESS TAX ID# _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER NAME(S) _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ OWNER PHONE # _____

OWNER DL # _____ STATE ISSUED _____ OWNER SS# _____ _____

IF CORPORATION, PLEASE PROVIDE THE FOLLOWING: (please print)

- CHARTER # _____
- CORPORATE ADDRESS _____
- CITY_ _____ STATE _____ ZIP _____
- CORPORATE PHONE NUMBER _____
- PRESIDENT _____
- VICE-PRESIDENT _____
- SECRETARY _____
- STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

CHECK ONE: **SOLE PROPRIETOR** ☐ **PARTNERSHIP** ☐

OWNER NAME(S) _____

MAILING ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE# _____ DL # _____ STATE ISSUED _____

OWNER SOCIAL SECURITY# _____ _____ _____

OWNER NAME(S) _____

MAILING ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE# _____ DL# _____ STATE.ISSUED _____

OWNER SOCIAL SECURITY# _____

PERSON TO BE CONTACTED IF ABOVE OWNER(S) IS/ARE NOT AVAILABLE

NAME _____

MAILING ADDRESS _____

CITY _____ STATE ZIP _____ PHONE# _____