GENERAL SERVICE APPLICATION AND CONTRACT

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For Office Deposit	t Required:	or Bor	nd: In	rrevocable Letter o	of Credit	
Umity Start Date (month/day/year): Account N / /		Account Na	me:			
Service Address:			City:	State: Florid	da Zip:	
Mailing Address:			City:	State:	Zip:	
Nature of Business (NAICS Code):			Contact Person Name:			
Daytime Phone Number:			Type of Business:O Sole Proprietorship(Please select one option from the list)O Partnership			
State of Organization Florida					CorporationLLC	
Name: Fed. Tax I			D Numbe			
List of Partners, Officers/ Registered agents with Phone Number	Name: Phone:)					
	Name: Phone:)					
	Name: Phone:					
Name of Parent Company: St		State o	f Organization: Florida	Fed.	Tax ID Number	

ACCOUNT CONTRACT TERMS AND CONDITIONS

In consideration of receiving services from the City of Lakeland the "City", the undersigned for and on behalf of the named account holder, its employees, officers, directors, partners, members and anyone claiming by, through or under them understand and agree as follows:

1. Failure to pay this account in full on or before the due date shall constitute a default on your account and your services shall be subject to termination without notice and be assessed late charges and fees. Failure by the City to immediately terminate your services shall not constitute a waiver by the City to subsequently terminate your services. In the event an under billing is discovered at any time on your account, you agree to be fully responsible for the full amount of any such under billing. In the event the bond or letter of credit provided by you as security for your account expires or otherwise becomes unenforceable, you shall have 15 days to replace such security or the account shall be in default and your services shall be subject to termination. In the event the amount of actual usage is greater than originally anticipated, or increases after the initial security is provided, the account holder agrees to provide such additional security as the City may require within 30 days after written notice by the City or be subject to immediate termination of service. Upon a default by the account holder with the City, "Master Account" will be closed and deposits will be applied by the City against any active account of account holder if a past due balance remains on an account of the account holder for over 90 days. Any balance that remains unpaid after 90 days from the cutoff date may be assessed a collection fee. The account holder shall pay all costs of collection of this account, including court costs and attorneys' fees. The account holder is responsible for all taxes, penalties, late fees, surcharges, and interest that may be assessed against this account while it is in its name. The account holder is responsible for any meter tampering and penalties therefore while this account is in the account holder's name regardless of who tampered with the meter.

2. If any party now or hereafter receives benefits of the services provided under this account, has ever received of service from an account that owes an outstanding balance regardless of age, the account holder agrees to be responsible for the full amount of the outstanding balance and for the City to move the full balance of such outstanding amount to this account, without notice. If the ac-count holder leaves any outstanding balance on this account including any penalties, costs and fees assessed by or for the benefit of the City, the account holder will be required to pay this amount in full prior to obtaining any new services at any time. Credits or overpayments may be applied by the City to another account in the account holders name with past due balance outstanding

3. THE CITY MAKES NO WARRANTY EXPRESS OR IMPLIED REGARDING THE QUALITY OF ANY SERVICE TO BE PROVIDED HEREUNDER. THE CITY OF LAKELAND SHALL NOT BE RESPONSIBLE FOR ANY INJURY TO PERSONS OR PROPERTY ARISING OUT OF OR RESULTING FROM THE PROVI-SION OF SERVICES UNDER THIS CONTRACT. IN NO EVENT SHALL THE CITY BE LIABLE FOR DIRECT, INDIRECT, SPECIAL, INCIDENTAL, OR CON-SEQUENTIAL DAMAGES, LOSSES, COST AND EXPENSES WHETHER ARISING OUT OF TORT, CONTRACT, STRICT LIABILITY OR NEGLIEGENCE.

4. It is the account holder's responsibility to notify the City prior to any changes to the status of the account, changes in ownership or control, or a cessation of its business activities on the premises. Any such changes shall require a new General Service Application and Contract. The account holder shall remain fully responsible for all charges on this account until service is terminated by the City prior to any of the foregoing events shall subject the service to immediate termination by the City.

5. This information is subject to the Florida Public Records Act and audit by the Florida Department of Revenue.

DEPOSIT REOUIREMENT

Deposits are based on usage and are subject to periodic review and adjustments. (In compliance with City Ordinance 5699, the deposit requirement of General Service accounts shall be an amount equal to an estimated one month of average billing for each location). When no history on an existing or new location is available to determine a deposit, square foot-age and type of operations will be used to calculate an appropriate deposit. By signature hereto, I swear under oath that the above information is correct. I understand that all utility charges are due when rendered.

	I Agree to	ferms and Conditions	Please Initial:		
Sign Signature and Title: Here		Date (month/day/year):			
Here					
Of Authorized owner, office, agent or partn	er. DL.#:				
	T 11				
For Office Account Number:	Loc#:	Taken By:	Date:		
Use Only			. / /		
a (863)834-9535 Fax (863) 834-1413TDD (863))834-8333 or Toll-Free 1-800-929-4	376 🕅 501 E. Lemon St. Lakel	and, FL 33801-5079		

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