



City of Schulenburg

535 N Main

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www.schulenburgtx.org

Commercial Account Service Application and Agreement

Date: _____

Name of Business: _____

Responsible Party: _____

Co-Responsible Party: _____

Type of Business: _____

Business Address: _____

Mailing Address: _____

Business Phone Number: _____

Contact Name for Account: _____

Contact Phone for Account: _____

Renting: Y____ N____ **Landlord:** _____

Responsible Party's Driver's License #: _____

Responsible Party's Social Security #: _____

Responsible Party's Date of Birth: _____

I/We agree that I/we shall be responsible for the payment of all reasonable costs, including but not limited to attorney's fees, collection agency fees and charges, court costs, notification and mailing costs and any other costs, fees or charges incurred by the city if I/we fail to pay my/our bill or bills for utility service on a timely basis.

Applicant Signature _____

Co-Applicant Signature _____