



Town of Biscoe

110 West Main Street, Biscoe, North Carolina 27209
(910) 428-4112 ph. / (910) 428-2914 fax

Application for Utility Service – Business

Required Information:

1. Government-issued photo identification (e.g., driver’s license, passport, or military ID). If unavailable, provide two alternate forms such as proof of residence, utility bills, or birth certificates.
2. Renters must provide a valid lease agreement, rent receipt signed by the landlord, or deposit receipt signed by the landlord, along with the landlord’s contact information. Property owners must provide proof of ownership.
3. Payment of a non-refundable \$75 account fee.
4. Payment of any prior outstanding debts.

Billing Cycle:

- Bills are issued on or before the 1st of the month for the preceding service period.
- Payments are due by the 20th of the month. Late fees apply as follows:
 - i. Tier 1: \$10, assessed on the 21st.
 - ii. Tier 2: \$35, assessed at month-end.
- Service disconnection occurs for unpaid accounts on the 5th of the following month.

By signing below, I accept full responsibility for all utility charges and agree to the terms of service outlined by the Town of Biscoe.

Business Name: _____

Tax ID: _____

Service Address: _____

Mailing Address: _____

Primary Account Holder’s Name: _____

Driver’s License Number: _____

Phone Number: _____

Social Security Number: _____

Secondary Account Holder's Name: _____

Driver's License Number: _____

Phone Number: _____

Social Security Number: _____

For Renters Only:

Landlord's Name: _____

Landlord's Phone Number: _____

Providing your Social Security Number (SSN) is voluntary. The Town of Biscoe is authorized under North Carolina General Statute Section 105A-3(c) to request it. The Billing and Collections Office may use your SSN for debt collection, including set-offs against North Carolina tax refunds and lottery winnings through the state's Debt Setoff Collection Program. This program helps recover unpaid utility debts. Refusing to provide an SSN will not result in denial of service.

Account Holder's Signature:

Date:

STAFF USE ONLY:

Primary Customer:

Secondary Customer:

Property Address

Lease/Ownership Date:

Documentation Type:

Work Order Date:

Account Number:

Received By: