



BEACHES ENERGY
SERVICES

Commercial Utility Application

OFFICE HOURS: MONDAY-FRIDAY 8:00AM TO 5:00PM
11 N 3RD STREET, JACKSONVILLE BEACH, FL 32250
CUSTOMERSERVICE@BEACHESENERGY.COM
WWW.BEACHESENERGY.COM
PHONE: 904-247-6241 FAX: 904-247-6115

Business Name: _____ Tax ID: _____

Type of Business: Proprietorship Partnership Corporation LLC

Service Address: _____
(Number, Street) (Apt/Unit) (City, Zip)

Mailing Address: _____
(If different from service address) (Number, Street) (Apt/Unit) (City, Zip)

E-Mail Address: _____
E-Bill Only: No Yes (You will only receive an electronic statement if you select "Yes".)
Multiple email addresses accepted.

TAX Exempt: No Yes (Current exemption certificate is required.)

Turn On Date: ____/____/____ (Monday-Friday; Please allow access to meter)

Telephone #: Office: _____ Cell: _____

Driver's License #: _____ State: ____ DOB: ____/____/____

The City collects your social security number for the following purposes: clarification of accounts; customer identification and verification: customer billing and payment; creditworthiness: and other lawful purposes necessary in the conduct of City business. This information will not be used for any other purpose. (Section 119.071 (5) Florida Statutes)

Applications by firms, partnerships, associations, and corporations shall be tendered only by their duly authorized agents and the official titles of such agents shall be included in this application.

I hereby make application to Beaches Energy Services for utility services and agree to abide by all ordinances, provisions and applicable rules of the City of Jacksonville Beach, FL, in regard to the utility services and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery.

DEPOSITS MAY BE PAID BY CASH, CHECK, OR MONEY ORDER ONLY. AN IRREVOCABLE LETTER OF CREDIT OR BOND IS ACCEPTABLE IN LIEU OF CASH DEPOSIT. If mailing or using fax, please attach a legible photocopy of State Identification, Driver License, Passport, or Military ID. Applications are considered public documents according to Florida Statutes and are subject to public inspection.

Authorized Agents on Account: _____
Print Name Title
Signature Social Security #
Print Name Title
Signature Social Security #

Customer # _____ Location #: _____ For Office
Deposit \$: _____ Sq Ft of Facility: _____ Use Only
Connect/Tap Fee \$: _____ Business Type: _____
Dumpster Size: _____ Pick-up Days: M T W TH F S