## **NEW RESIDENTIAL ACCOUNT**



Accounts require a deposit based on two highest consecutive billing periods at your new service location, but no less than \$100. Your deposit will be refunded to your account after 13 months of timely payments or once your account is closed, whichever occurs first. An acceptable credit check may be considered in lieu of the deposit.

Customer Infor	mation								
	First Name:			Last Name:					
Name on Account:	Social Security/Federal ID Number:			Driver's License Number:					
	Email: State:								
	If primary contact is different than above, please provide - Contact Name:						Phone #	one #:	
	Are you a cu	urrent or previous Sa	ntee Cooper o	customer?  Yes  No If Yes, account number:					
Telephone:	Primary Pho	one:				Secondary Phone:			
New Service Address									
New Service Ad	1							Apt/Unit/Lot #	
Now Convice	Street Add	Iress:						Apt/Offit/Lot #	
New Service Address:	City:			State: SC				Zip Code:	
Subdivision Apartment Complex:								1	
Type of Residence:	Single	Single Family Condominium/ Apartment/Townhouse *Note: Mobile homeowners in Horry County will be required to							
	The provide a copy of the Certified License Application from the Horry County Assessor's Office when applying for service.								
NOT for a residence, please specify:	Pool	Pump	Gara	age/Shop	er:			his newly	
	Own	Own Landlord Name:						Please provide first & last page	
Property Ownership:	Rent	Landlord Telephon	e Number:	: 				of lease agreement if applicable.	
Service Start D	ate								
301 1103 Start B									
Service Start Date:				Choose	a "start"	service date. Monda	ys - Frida	ays (except holidays)	
		Please provide billin	g location if it is			service date. Monda	end your	monthly bill.	
Service Start Date:		Please provide billin	g location if it is				end your		
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