

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 Information			
Name on Account:	First Name:	Last Name:	
	Social Security/Federal ID Number:	Driver's License Number:	
	Email:	ail: State:	
	If primary contact is different than above, please provide - Contact Name: Phone #:		
	Are you a current or previous Santee Cooper customer? Yes No If Yes, account number:		
Telephone:	Primary Phone:	Secondary Phone:	
New Service Address			
New Service Ad	Street Address:		Apt/Unit/Lot #
New Service Address:	Street Address.		
	City:	State: SC	Zip Code:
Subdivision Apartment Complex:			
Type of Residence:	Single Family Condominium/ Apartment/Townhouse Mobile Home	Camper - RV DNOT for Residence	e Is this newly Yes constructed? No
NOT for a residence, please specify:	Pool Pump Garage/Shop Other:		
Property Ownership:	Own Landlord Name:		Please provide first & last page
	Rent Landlord Telephone Number:		of lease agreement if applicable.
Service Start Choose a "start" service date. Mondays - Fridays (except holidays) Date:			
Billing Address	Please provide billing location if it is different from above servi	e location. This location will be used to send	your monthly bill.
Billing Address Street Address:	Please provide billing location if it is different from above servio	e location. This location will be used to send	your monthly bill. Apt/Unit/Lot #
	Please provide billing location if it is different from above servion	ce location. This location will be used to send State:	
Street Address:	Please provide billing location if it is different from above servio Are you interested in any of the follow progra	State:	Apt/Unit/Lot #
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