



Application For Service - Non-Residential

Application Date: _____

Requested Turn On Date: _____

Instructions

Complete and return the application using one of the methods outlined below.

Fax Application to: 803-933-8045

Mail Application to: Small Commercial Group, SCE&G, Mail Code J33, Columbia, SC 29218

(Please do not mail payments to this address.)

Email Application to: SmallCommercialGroup@SCANA.com

Mail Deposit to: SCE&G, P.O. Box 100255, Columbia, SC 29202-3255

(If future payments will be made via check, please use this address.)

Questions? Call the Small Commercial Group at: 1-866-692-7234

General Business Information

Account Name: _____

Business or Corporation Name: _____

(if different than the Account Name)

DBA: _____

(if different than the Account Name)

Type of Legal Entity: Sole Proprietorship DBA LLC LLP Inc. Partnership

Other (please explain): _____

Registered with the SC Secretary of State? Yes No

If No, what state are you registered in? _____

If Yes, what is the Registered Name? _____

Type of Business (What Do You Do?): _____

Service Address: _____

Corporate Headquarters Address: _____

Phone #: _____ **Fax #:** _____

Dun & Bradstreet # (if applicable): _____

Local Manager: _____ **Local Phone #:** _____

Driver License and State: _____ **Date of Birth:** _____

SSN or Fed Tax ID: _____

Other Active Accounts?: Yes No

If Yes, enter the Account Service Address(es): _____

Partners/Corp Officers:

Name	Position	Contact #	SSN #
1.			
2.			
3.			

Billing Information

Billing Address: _____
(if different than Service Address)

Authorized Contact's Name: _____ **Phone #:** _____
(individual who conducts business on behalf of the company)

Alternate Phone #: _____

E-mail Address: _____ **Fax #:** _____

Service Request Details

Type of Service Requested: Gas Electricity Lighting **Square Footage:** _____
(select all that apply) (Estimated Premise/Facility)

Type Of Gas Appliances In Use: _____

Signature(s)

Print Name: _____
(Applicant)

Signature: _____ **Date:** _____
(Applicant)

Print Name: _____
(If applicable, Co-Applciant)

Signature: _____ **Date:** _____
(If applicable, Co-Applciant)

Internal Use Only

Customer Number: _____ **Account Number:** _____

Deposit Amount: _____

Irrevocable Lt of CR: Yes No **From:** _____ **Amt:** _____

Surety Bond: Yes No **From:** _____ **Amt:** _____

Print Name: _____
(Utility)

Signature: _____ **Date:** _____
(Utility)