



P.O. Box 63009, 7225 Stall Road
North Charleston, SC 29419
843.764.3072 Fax 843.764.2651
www.ncsd.sc.gov

NEW CUSTOMER INFORMATION FORM

CUSTOMER NAME: _____

MAIL ADDRESS: _____

SERVICE ADDRESS: _____

CHECK OR CIRCLE ONE **Sole Proprietorship** **Partnership**
 Corporation **Single Family Residence**

REQUIRED INFO: **SSN OR FEIN** _____

DAYTIME PHONE # _____

EMAIL ADDRESS: _____

WOULD YOU LIKE TO RECEIVE YOUR INVOICE VIA EMAIL? **YES** **NO**
****IF SO, PLEASE CHECK HERE IF YOU WOULD STILL LIKE TO RECEIVE A PAPER INVOICE** ******

OCCUPY DATE _____

PRINT NAME _____

SIGNATURE OF RESPONSIBLE PARTY _____

.....
(ACCOUNTING USE ONLY)

1. Sewer Flat rate _____
2. Sewer Charges _____
 - A. Water (Meter information required) _____
 - B. Sewer (Meter information required) _____
3. Night soil/Scavenger Waste (vehicle & credit forms required) _____
4. Surcharges _____
5. PRETREATMENT (permit chg / mthly chg) _____
 - A. New Permit Charges \$200.00
 - B. Permit Change Charge \$25.00
 - C. Recurring Charge \$ _____ (based on daily flow)
6. Connection Permit \$ _____
Origin Fee \$ _____
7. Other Charges _____
8. ACCOUNT # _____

Please return all information to the attention of "Accounting Department"