

Eastern Pines Water Corporation

New Customer Application

Please complete application in full. (Please Print)

All information is required for service to be activated or additional deposit is required.

Name: _____

Property Address: _____

City: _____ N.C. Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ (W) _____

Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____

Effective Date: _____ Tax ID: _____
(Payment must be received before service is restored or read in your name)

Signature: _____ Date: _____

Print: _____ Bank Draft: Yes / No
(Additional form must be completed for draft)

If new construction, please provide:

Subdivision: _____ Lot Number: _____
Contractor: _____

Mail Completed Application and \$85 Payment to:

**Attn: New Service
Eastern Pines Water Corporation
5442 Eastern Pines Road
Greenville, N.C. 27858**

(Includes \$50 Deposit and \$35 Service Charge)

~ For office use only ~

Account Number: _____ Received/Completed By: _____

Work Order Number: _____

“EPWC is an equal opportunity provider and employer.”