



**Elberton Utilities**  
P. O. Box 70 230 N. McIntosh St.  
Elberton, Georgia 30635-0070  
www.elbertonutilities.net 706-213-3278

## On Bill Financing Program Customer Application

### Applicant Information

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Do you occupy this residence? Yes No Do you own this residence? Yes No

Deed Book and Page Number for applicable Real Property: \_\_\_\_\_

*(Copy of deed must be filed with this application)*

### Contractor (Vendor) Information

Contractor (Vendor) Name: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Type of Improvement to be performed or appliance to be installed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Attach copy of contractor estimate or vendor price quotation\*\*\***

**Internal ONLY**

Customer Account # \_\_\_\_\_ Requested Terms of Loan: \_\_\_\_\_ # of Installments: \_\_\_\_\_

Amount of Loan: \$ \_\_\_\_\_

Amount of Admin Fee: \$ \_\_\_\_\_ (1% of loan amount)

Total Loan Amount: \$ \_\_\_\_\_

Total Monthly Installment: \$ \_\_\_\_\_ (see attached amortization schedule)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Work Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Loan Issued by City of Elberton: \_\_\_\_\_

Date First Installment due: \_\_\_\_\_

\*\*Installment amount will be billed each month on the customer account until total loan amount is paid in full\*\*

**Accounts Payable Use Only**

Vendor Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

G/L Account #: \_\_\_\_\_

I have read and understand all of the On-Bill Financing requirements and terms and conditions set forth in this Application and the applicable ordinances and tariffs and agree to such requirements and terms and conditions. I hereby certify that all of the information provided in this Application is true, correct and complete in all respects. I understand that the applicant must meet all eligibility criteria and requirements in order to participate in the On-Bill Financing Program. I declare under penalty of perjury under the laws of the State of Georgia that I am authorized to execute this Application on behalf of the Customer of Record listed below ("Customer").

Customer Printed Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

