



FOUNTAIN INN NATURAL GAS

Blue Flame Appliance Center of Fountain Inn

APPLICATION AND AGREEMENT FOR GAS SERVICE

100 S. Weston St, Fountain Inn, SC 29644

Phone: 864-862-0042 Fax: 864-862-7334

www.fountaininngas.org

fing@fountaininn.org

Account # _____
(Office Use Only)

Home Owner _____ Rental _____

Name on account: _____

Service Address: _____ City: _____ Zip: _____ County: _____

Subdivision: _____

Billing Address: _____

Social Security #: _____ Drivers License #: _____ State: _____

Date of Birth: _____ e-mail address: _____

e-bill Authorization _____ Delinquent Text Notification _____

Phone # 1: _____ Home Cell Phone # 2: _____ Home Cell

Co-Applicant name (Optional): _____

Co-Applicant Social Security #: _____

Co-Applicant Driver's License #: _____ State: _____

Date of Birth: _____ e-mail address: _____

For Rental: Landlord's name and phone number: _____

Have you had service with FINGS before? Yes _____ No _____

If so, at what address: _____

Account Start Date: _____ Is gas on or off at service address? _____

I certify that all of the above information is complete and accurate. I further understand that providing false information may result in denial or termination of natural gas service. I hereby give my permission to examine my past payment history if deemed necessary by Fountain Inn Natural Gas System.

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RULES AND REGULATION SHEET

The applicant agrees to pay a fifty dollar (\$50.00) non-refundable enrollment service fee and a refundable security deposit which is determined by a credit check payable upon establishing an account and is levied upon each gas customer identified by account and meter number. This fee obligates the applicant to observe all rules and regulations that are now and may hereafter be prescribed by the said city relative to gas service, including the time, method and manner of installing and maintaining equipment, payment of bills, and discontinuance of service, etc. After twelve consecutive on time payments, the security deposit is credited back to the customer’s gas account.

Proof of purchase/rental agreement and photo ID is required to establish a new account.

Please Note: According to the Code of Federal Regulation Title 49, Part 192.381 which was made effective January 1, 2010, existing gas service lines will not be required to have an EFV at this time. However, if the service line should be damaged in the future, and such damage is near the distribution main and service line transition, an EFV will be installed. All new construction is required to have the excess flow valve.

Payment is due at the Fountain Inn Natural Gas office before closing on the due date indicated. The due date on the statement is for the current bill only and does not apply to any previous billing amount due. Previous amounts due are delinquent and gas service is subject to disconnection. **Postal delays do not waive responsibility for timely payment.**

Fountain Inn Natural Gas statements include an \$8.00 facility charge for each account a customer has established, regardless of usage amount.

Late Fees: A fee of \$3.00 or 5%, whichever is greater, will be added to any account that is not paid by the due date of the bill.

Return Check Procedure: There is a \$35.00 NSF fee charge for returned checks. Customers are required to pay with cash, credit card, or money order for any returned check. If a customer has two (2) returned checks within one year, a check will not be accepted for payment for the period of one (1) year following the last returned check date. After this period, payment by check will be reinstated.

Third party disclaimer – for payments

Fountain Inn Natural Gas is not responsible for third party payment transactions. All payments that are not made directly on our site is not guaranteed payment.

The processing of the payment will be subject to the terms, conditions and privacy policies of the payment processor.

FING does not represent you if you enter into a transition with a third party.

FING is not responsible for fees charged by a third party. Any payment not received by the due date is subject to penalties.

The privacy and security policies of the sites may differ from those of FING.

Delinquent account fee:

Delinquent accounts not paid by closing on the business day prior to the cut off date will be assessed an \$85 delinquent fee regardless of cut-off status. If service is off for non-payment and not reconnected by August of same year, the account will be finalized and sent to the state for collections for set-off.

Set-off Debt Collection: Applicant understands that Fountain Inn Natural Gas System has the right, through the South Carolina Set-off Debt Collection Act, to collect any amounts due and owed through an offset of applicant’s state income tax refund. Should it be necessary for Fountain Inn Natural Gas System to pursue debts incurred by applicant through the Set-off Debt Collection Act, applicant agrees to pay all fees and costs incurred by the Set-off Collection process, including fees charged by the Department of Revenue, South Carolina Association of Counties, Municipal Association of South Carolina, and Fountain Inn Natural Gas System. Should Fountain Inn Natural Gas System deem it appropriate to pursue collection of debt through means other than the Set-off Debt Collection Act, applicant agrees to pay all costs and fees associated with the method of collection as well.

Tampering fee:

If it is discovered a meter has been altered, a \$200.00 tampering fee will be charged to the account. Criminal charges may be filed.

Right of Way:

Fountain Inn Natural Gas System shall have the right to enter the premises at any reasonable time and without notice for the purpose of servicing its equipment, reading meters, discontinuing service, removing gas pipe and meters or for any other reason necessary to conduct its business as a gas distributor. Customer must keep gas meter accessible to Fountain Inn Natural Gas System personnel.

Fountain Inn Natural Gas System reserves the right to refuse service to any customer if deemed necessary.

Applicant Signature: _____

Date: _____

Co-Applicant Signature _____

Date: _____