



APPLICATION FOR COMMERCIAL SERVICE

Date: _____

Name of Company: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: Business (___) _____ Cell: (___) _____

Fax Number: (___) _____

Incorporated? () Yes () No If yes, Federal Identification Number: _____

Mailing Address - If Different Than Service Address: _____

City: _____ State: _____ Zip: _____

Do you prefer e-billing? () Yes () No Email _____

Accounts Payable Contact Name : _____ Telephone Number: Business (___) _____ Cell: (___) _____ Email _____
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Maintenance Contact Name: _____ Telephone Number: Business (___) _____ Cell: (___) _____ Email _____
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I verify the above information as being correct:

Signature: _____ Date: _____

<i>For Office Use Only</i>	
Rt/Account _____	Customer Number _____
Meter # _____	Electronic ID _____
Deposit _____	Connect Fee _____
Tap Fee _____	Impact Fee _____
Other _____	Total Paid _____
Payment Method: Cash _____	Check _____
Credit Card _____	Processed By: _____
Date: _____	