



Commercial Credit Information Application



Legal name of business _____ Account # _____

Name to be listed for billing _____ Telephone # _____

Service address _____ Fax # _____

Mail address _____ Tax permit # _____

City/State/Zip _____ Federal ID# _____

Address of general office (If other than above) _____

What is the nature of your business? _____

Are you exempt of any taxes on utilities? Yes _____ No _____

How long has your organization been in operation? Years _____ Months _____

Organized as a: _____ corporation _____ partnership _____ sole proprietorship

••• Please List Owners/Officers •••

Name & title _____ Home address _____ Phone _____

Name & title _____ Home address _____ Phone _____

Name & title _____ Home address _____ Phone _____

Name of local person to contact _____ Telephone # _____

Signature of officer, partner or proprietor

x _____ Date _____

••• Owner of Real Estate •••

Name _____ Telephone _____

Address _____ City/State _____

Required
Written credit reference from another utility company

Service address _____ City/State _____

Utility company & address _____

Comments: _____

FOR OFFICE USE ONLY

Written credit reference received: _____ Deposit required: Yes ___ No ___ Deposit amount _____

Credit check comments: _____ Customer Service Rep _____

_____ 07 _____ Approved by _____