

1)F.I.D.#
2)D.L.#

APPLICATION FOR SERVICE  
COMMERCIAL CUSTOMERS

DATE: \_\_\_\_\_

DATE YOU DESIRE SERVICE IN YOUR NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ FLOOR & SUITE #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE NO: \_\_\_\_\_ EMERGENCY PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF BUSINESS:      CIRCLE ONE:      RETAIL      MANUFACTURING      SERVICES

ARE YOU EXEMPT FROM SALES TAX ON YOUR ENERGY USAGE? CIRCLE:      YES      NO

OWNER OF THE PROPERTY: \_\_\_\_\_

TELEPHONE NUMBER OF OWNER: \_\_\_\_\_

ARE YOU INTERESTED IN A DIRECT PAYMENT PLAN? CIRCLE ONE:      YES      NO

**NOTE : IF GAS SERVICE IS TO BE TURNED ON, SOMEONE MUST BE THERE  
TO ALLOW THE SERVICEMAN ACCESS TO THE METER AND PILOTS.**

THE DEPARTMENT REQUIRES A DEPOSIT BEFORE SERVICES WILL BE TURNED ON.  
THE DEPOSIT IS BASED UPON THE HISTORY OF THE ACCOUNT AND THE TYPE OF BUSINESS  
AND EQUIPMENT USED.  
COMMERCIAL DEPOSITS ARE BASED ON AN ESTIMATED THREE-MONTH CONSUMPTION.

SIGNATURE OF APPLICANT: \_\_\_\_\_

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OFFICE USE ONLY:

Name (Previous): \_\_\_\_\_

Previous Acct. #: \_\_\_\_\_ New Acct. #: \_\_\_\_\_

Deposit Required: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

SIC Code Assigned: \_\_\_\_\_

Application Received By: \_\_\_\_\_

SPECIAL NOTES: