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

APPLICATION FOR SERVICE

COMMERCIAL CUSTOMERS

DATE: _____

DATE YOU DESIRE SERVICE IN YOUR NAME: _____

BUSINESS NAME: _____

CONTACT PERSON: _____

NEW ADDRESS: _____ FLOOR & SUITE # _____

BILLING ADDRESS: _____

TYPE OF BUSINESS: Circle one: Retail Manufacturing

DO YOU EMPLOY FIVE OR LESS EMPLOYEES: Circle one: YES NO

PHONE #: _____ EMERGENCY PHONE NO: _____

OWNER OF THE PROPERTY: _____

ARE YOU INTERESTED IN THE DIRECT PAYMENT PLAN? Circle one: YES NO

Telephone Number of Owner: _____

ARE YOU RESPONSIBLE FOR PAYING YOUR OWN HEAT? Circle one: YES NO

IF YES, Circle one: ELECTRIC HEAT GAS HEAT OIL HEAT

IS THERE CURRENTLY GAS SERVICE ON THE PROPERTY? 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, THE TYPE OF BUSINESS
AND EQUIPMENT USED, AND WHETHER PAYING FOR GAS OR ELECTRIC HEAT.
COMMERCIAL DEPOSITS ARE BASED ON AN ESTIMATED THREE-MONTH CONSUMPTION.

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY:

Name (Previous) _____

Previous Acct. No. _____ New Acct. No. _____

Deposit Required: \$ _____ Receipt No.: _____

SIC Code Assigned: _____

Application Received By: _____

SPECIAL NOTES:

