

Billing Information

Billing Address: _____
(if different than Service Address)

Authorized Contact's Name: _____
(individual who conducts business on behalf of the company)

Phone #: _____

E-mail Address: _____

Service Request Details

Type of Service Requested: Gas Electricity Lighting **Square Footage:** _____
(select all that apply) *(Estimated Premise/Facility)*

Type Of Gas Appliances In Use: _____

Signature(s)

Print Name: _____
(Applicant)

Signature: _____
(Applicant)

Date: _____

Print Name: _____
(If applicable, Co-Applciant)

Signature: _____
(If applicable, Co-Applciant)

Date: _____

Internal Use Only

Customer Number: _____

Account Number: _____

Deposit Amount: _____

Irrevocable Lt of CR: Yes No

From: _____

Amt: _____

Surety Bond: Yes No

From: _____

Amt: _____

Print Name: _____
(Utility)

Signature: _____
(Utility)

Date: _____

