

CUSTOMER APPLICATION AND DEPOSIT INFORMATION FORM

SECTION (A) TO BE COMPLETED BY APPLICANT:

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

DATE SERVICE DESIRED _____

HAVE YOU EVERY HAD SERVICE WITH THIS COMPANY IN THE PAST?

() YES () NO

SECTION (B) TO BE COMPLETED BY RESIDENTIAL SERVICE APPLICANT:

HOME PHONE # _____ CELL PHONE # _____

DRIVER'S LICENSE # _____ STATE ISSUED _____

SOCIAL SECURITY # _____

EMAIL ADDRESS _____ **PAPERLESS BILL () YES () NO**

EMPLOYER'S NAME _____ WORK PHONE _____

ARE YOU RENTING AT THIS SERVICE ADDRESS () YES () NO IF YOU CHECKED YES PLEASE HAVE A COPY OF YOUR RENTAL AGREEMENT OR LEASE TO TURN IN WITH THIS APPLICATION

SECTION (C) TO BE COMPLETED BY COMMERCIAL APPLICANT:

() BUSINESS () PRIVATELY OWNED () PARTNERSHIP () INCORPORATED

SECTION(D) TO BE COMPLETED BY COMMERCIAL APPLICANT:

OWNER'S NAME OR BUSINESS _____

PHONE # _____ CONTACT PERSON _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____ DRIVER'S LICENSE #/STATE _____

SIGN

DATE