

**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**