## **APPLICATION FOR SERVICE – GENERAL SERVICE**

Account #:	Move-In Date:
Service Address:	
Mailing Address:	
Type of Business:	
Is this Business a Corporation	Sole Proprietorship 🚨 Partnership 📮
If incorporated, date of Incorporation	
Legal Documentation Copy Made: 🚨 (re	equired, please attach)
Contact Name :	Position:
Business Phone Number:	Cell Number:
Fax Number:	E-Mail Address:
I.D Driver's Licence# or SIN#:	
Name and Location of Financial Instituti	on:
Copy of Voided Cheque attached (requir	ed, please attach): Yes 📮
Pre-authorized Payment Plan:	Yes
Security Deposit Required:	Yes X No $\square$
If Yes: Amount §	Type Cash If No, reason:
4- Month Payment: Yes □	No □
Names, home address and home phones of	of Principal (s) or Owner (s), sole proprietorship or partnership.
Name	Address Home Phone
1	
2	
3	
Email Address	
Signature of Signing Officer:	Date:
Signature of Business Owner:	
Utility Representative:	Date:
business customer's obligation to Eastern Ontario	siness customer is incorporated, you guarantee, and are personally responsible for, repayment of the Power arising under this application (if approved). The guarantor also agrees to be bound by the I Service, in particular the section of the Credit Agreement which outlines the guarantor's obligation
Guarantor Signature:	Print Name:
Guarantor's Identification:	
	CONDITIONS OF SERVICE

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