



# Application for Commercial Service

I / we agree give permission for Bozrah Light and Power to run a credit check to determine if a deposit will be required: \_\_\_\_\_

(Initial)\*

BOZRAH LIGHT & POWER

An asterisk (\*) denotes a required field)

Schedule Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Schedule Date may vary up to 3 business days.)

### Office Use Only:

Account# \_\_\_\_\_ - \_\_\_\_\_      Own / Rent      Read      Connect

Customer # \_\_\_\_\_      Deposit: \$ \_\_\_\_\_      Agreement on Deposit

Service Address \* \_\_\_\_\_ Apt \_\_\_\_\_

Business Name: \_\_\_\_\_      Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip Code: \_\_\_\_\_

Accounts Payable Rep: \_\_\_\_\_      Contact Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_      Alternate Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Tax ID Number: \_\_\_\_-\_\_\_\_-\_\_\_\_      SIC CODE: \_\_\_\_\_      Type of Business: \_\_\_\_\_

\*All commercial customers are subject to a meter deposit at the discretion of Bozrah Light and Power Customer Service. The average meter deposit is three times the average utility bill at the service location. In order to avoid this, you can submit credit reference letters filled out and returned by three companies that you do business with on a monthly basis. Credit references must be for the business on the application and include at least one (1) year of history. The reference letter is located on the second page of this form, please have companies fill out paperwork and submit along with your application in order to waive meter deposit.\*

\*\*If you are renting your service address, we require that a copy of the front page of your leasing agreement (or a welcome letter from your landlord) is submitted along with your completed application in order to begin utility service in your name. We will not be able to process the application without the front page of your leasing agreement or a welcome letter.

### Disconnect Commercial Service:

Account# \_\_\_\_\_ - \_\_\_\_\_      Phone / In – Person      Electric: Read / Disconnect

Customer Name: \_\_\_\_\_      Disconnect Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Forwarding Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

I / We agree to accept service and pay for said service as bills are rendered, in accordance with the rates, rules and regulations now in effect or as they may be changed or amended. If the account becomes delinquent, the applicant(s) will be responsible for collection fees, including reasonable attorney fees. Please check box to the right and type your full name (if second applicant, both full names are required) into the form box below in order to accept these terms. Then submit via email, fax, or in person in order to complete the application process.

Full Name(s) (Required): \_\_\_\_\_

### OFFICE USE ONLY:

#### Meter Deposit

Account# \_\_\_\_\_ - \_\_\_\_\_      Meter Deposit \$ \_\_\_\_\_      CK    CA    CC      Rep Initials: \_\_\_\_\_

Customer Name: \_\_\_\_\_      Svc Address: \_\_\_\_\_      Apt \_\_\_\_\_

