

Application for Commercial Service

I / we agree give permission for Groton Utilities to run a credit check to determine if a deposit will be required: _____

(Initial)*

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 Electric Water
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 Groton Utilities Customer Service General Manager. 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 Water: 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. Submit via email, fax, or in person in order to complete application process.

Full Name(s) (Required): _____

OFFICE USE ONLY:

Meter Deposit

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

Customer Name: _____ Svc Address: _____ Apt _____

