

NEW BUSINESS ACCOUNT INFORMATION

BUSINESS NAME _____ ACCOUNT NO. _____

ADDRESS _____ CREDIT REFERENCE _____

BUSINESS PHONE _____ DEPOSIT RECEIPT NO. _____

SECOND PHONE/FAX _____ ELECTRIC _____

OWN _____ RENT _____ WATER _____

IF RENTING BUILDING, TOTAL DEPOSIT PAID _____

OWNER'S NAME _____

GAS _____

BUSINESS OFFICE CONTACT:

BOOKKEEPER/CFO _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BUSINESS FEIN _____

OWNERS & OFFICERS' INFORMATION

OWNER/OFFICER #1 _____

TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

OWNER/OFFICER #2 _____

TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

****Continued on the Back****

Please list the last utility you have received service from.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADDRESS WHERE _____

SERVICE WAS

RECEIVED CITY _____ STATE _____ ZIP _____

I hereby apply for service in accordance with the Rock Rapids Municipal Utility's rules and regulations. I understand by signing this application I am jointly and severally liable for all charges incurred at this residence.

SIGNATURE _____ DATE _____

TITLE _____