

START DATE _____

NEW BUSINESS ACCOUNT INFORMATION

BUSINESS NAME _____

ACCOUNT # _____

ADDRESS _____

CREDIT REFERENCE _____

BUSINESS PHONE _____

DEPOSIT RECEIPT # _____

SECOND PHONE _____

ELECTRIC _____

FAX _____

WATER _____

DO YOU: OWN _____ RENT _____

GAS _____

IF RENTING, OWNER'S NAME _____

TOTAL DEPOSIT PAID _____

BUSINESS OFFICE CONTACT:

BOOKKEEPER/CFO _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ BUSINESS FEIN _____

OWNER & OFFICER INFORMATION:

OWNER/OFFICER #1 _____

TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

OWNER/OFFICER #2 _____

TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

CONTINUED ON BACK →

PLEASE LIST THE LAST UTILITY YOU HAVE RECEIVED SERVICE FROM:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ADDRESS WHERE SERVICE WAS RECEIVED: _____

CITY _____ STATE _____ ZIP CODE _____

I HEREBY APPLY FOR SERVICE IN ACCORDANCE WITH THE ROCK RAPIDS MUNICIPAL UTILITIES' RULES AND REGULATIONS. I UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM BOTH JOINTLY AND SEVERALLY LIABLE FOR ALL CHARGES INCURRED AT THIS ADDRESS.

SIGNATURE _____ DATE _____

TITLE _____