

ACCOUNT NUMBER _____

**MANSFIELD MUNICIPAL ELECTRIC DEPT.
BUSINESS APPLICATION FOR SERVICE**

TENANT _____

OWNER _____

FOR OFFICE USE

FOR OFFICE USE

REQUESTED CONNECTION DATE _____

1. The full business name of the applicant _____

The service location of the applicant _____

2. The full name to appear on the monthly bill _____

The billing address for the applicant _____

3. Describe the applicant in detail including

a. The date of formation _____

b. List the principals

Name	Address	SS No.	Home Telephone #
_____	_____	_____	_____
_____	_____	_____	_____

c. The names, titles and contact # of those persons authorized to do business for the applicant

Name	Title	Contact #
_____	_____	_____
_____	_____	_____

4. Emergency Contacts (please include pager numbers and/or cell phone numbers):

Name	Business Hours Numbers	After Hours Numbers
_____	_____	_____
_____	_____	_____

5. The name(s) and address(es) of the applicant's bank(s) _____

6. Please state in detail the applicant's interest in the real estate for which service is requested

7. If your answer to Question 6 is that the applicant is not the owner of real estate, describe in detail the applicant's agreement or arrangement with the owner. If this agreement or arrangement is written, please attach copies of pertinent documents.

Applicant _____
(Please Print)

Date _____

Signature _____

FOR OFFICE USE

Deposit Amount \$ _____ Payment information _____

(A Letter of Credit, a recurring credit card, or a direct debit can be taken in lieu of a Deposit)