



Commercial Service Application

Business Name: _____

Business Tax ID# _____

Service Address: _____

Billing Address: _____

Name of Responsible Party: _____

Title of Responsible Party: _____

Office # _____ Cell # _____

In Case of Emergency after hours call: _____

Service Start Date: _____

Email Address: _____

Would you like your bill Emailed? _____

Is it ok to send text messages for notices and reminders? _____

Phone Number for text messages _____

Please Choose One: Own _____ Rent _____

Landlord Name _____

Landlord Phone # _____

By signing below, I am stating that I have authority to start services on behalf of the business above and any unpaid balance may be turned over to collections.

Signature

Date