



# 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 # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date