

START DATE _____

NEW BUSINESS ACCOUNT INFORMATION

BUSINESS NAME _____
ADDRESS _____
BUSINESS PHONE _____
SECOND PHONE _____
FAX _____
DO YOU: OWN _____ RENT _____
IF RENTING, OWNER'S NAME _____

ACCOUNT # _____
CREDIT REFERENCE _____
DEPOSIT RECEIPT # _____
ELECTRIC _____
WATER _____
GAS _____
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 _____