



APPLICATION FOR SERVICE

PART 1A – Primary Customer Name (This name will appear on the bill). PLEASE PRINT

Full Name: _____ Birth Date (MM/DD/YYYY) ____/____/____
Residential Ph: _____ E-mail: _____ Cellular: _____
Two pieces of photocopied identification (1photo ID) are required with submission of this application
ID#1 (Photo): _____ ID Type: _____
ID#2: _____ ID Type: _____
Employer's Name & Address: _____ Business Ph: _____

PART 1B – Other Responsible Customer Name (if applicable) PLEASE PRINT

Full Name: _____ Birth Date (MM/DD/YYYY) ____/____/____
Residential Ph: _____ E-mail: _____ Cellular: _____
ID#1 (Photo): _____ ID Type: _____
ID#2: _____ ID Type: _____
Employer's Name & Address: _____ Business Ph: _____

Customers that are listed above and have signed below accept financial responsibility for the account and can access all account information.

PART 2 – Service Address: _____

Date Service Commences (MM/DD/YY): ____/____/____
Mailing Address (if different from Service Address): _____

Will you be renting or owning the Service Address? Renting Owning

If renting: owner's name and number: _____

Previous Service Address (if applicable) _____ Acct #: _____

Do you require a final reading at your previous address? Yes No If yes, date (MM/DD/YY): ____/____/____

PART 3:

Yes, enroll my account in the Pre-Authorized Payment Plan. **If choosing the Pre-Authorized Plan, please complete the Pre-Authorized Payment Authorization form and enclose a void cheque (specify the name and address and/or billing number on the cheque) and return BOTH the VOID cheque and completed Authorization form with this application.**

PART 4:

As a condition of receiving services, an initial security deposit for each electric service may be billed to your account. If not already discussed with our office, please contact the Customer Services Dept. to determine if you may be exempt from this deposit requirement. The information collected will be used by Customer Services to establish and maintain a service connection, and for billing and collecting activities. If you are a tenant, the owner's name and address may be used to provide notice in the event that your service is disconnected. The owner may also be notified of your final billing date.

I/We, the undersigned

- Certify all the information above to be true and complete;
- Authorize and consent to the receipt and provision of account and credit information from credit grantors, credit bureaus and suppliers of services.

Signature Primary Customer: _____ Date: _____

Signature Other Responsible Customer: _____ Date: _____

Mailing Address: Brantford Power Inc, Customer Services Dept., P. O. Box 308, Brantford, Ontario N3T 5N8

Phone Inquiries: 519 751-3522 from 8:30 to 4:30 – Monday to Friday Fax: 519-756-6041

E-mail Address: customerservices@brantfordpower.ca Web Site: <http://www.brantfordpower.com>