



BUSINESS APPLICATION FORM

Service Address: _____
Address _____ Unit _____

City Province Postal Code

Date Service Commences (MM/DD/YY): _____ / _____ / _____

I/We the undersigned hereby certify that I/We will assume full responsibility for all utility accounts that will become owing to Brantford Power in its personal capacity or as a trustee for utility related charges for service provided to this property.

Legal Business Name: _____

Date of Incorporation: (MM/DD/YY): _____ / _____ / _____

Please submit a copy of the Articles of Incorporation

Type of Business: _____

Mailing Address: _____
Address _____ Unit _____

City Province Postal Code

Business Phone No.: _____ Alternate Phone No.: _____

E-Mail Address: _____

List details below for the Principal(s) or Owner(s), sole proprietorship or partnership:

	Name	Home Address	Home Phone No.
1.	_____	_____	_____
2.	_____	_____	_____

Signature By: _____
Signature owner(s), Officer or Agent Please Print Name

Title Date

Do you own or lease your principal place of business?: _____

Leased from: _____ Phone No.: _____

Brantford Power Inc.
220 Colborne Street, Box 308
Brantford, ON N3T 5N8
519-751-3522
(Fax) 519-756-6041
customerservices@brantfordpower.ca

OFFICE USE ONLY

Account Number: _____

Service Address: _____

Deposit Requested: _____