

**MURRAY ELECTRIC SYSTEM
APPLICATION FOR COMMERCIAL SERVICE
CUSTOMER INFORMATION SHEET**

Date: _____ **PLEASE PRINT INFORMATION**

Business Name: _____ Store #: _____

Service Address: Street: _____ Tenant #: _____

(Additional trip charges may result from inaccurate service address)

Billing Address: Street: _____ PO Box #: _____

City: _____ State: _____ Zip: _____

Attention: Name: _____ Phone : _____

Local Contact: Name: _____ Phone: _____

Describe main commercial activity: _____
(example: restaurant, office, hair salon)

Type of Business

Sole Proprietor

Name of Owner: _____ SSN: _____

Home Address: Street: _____ City: _____ State _____ Zip: _____

Local Phone Numbers: Business: _____ Home: _____ Cell: _____

Partnership:

Name of Partner: _____ SSN: _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Local Phone Numbers: Business: _____ Home: _____ Cell: _____

Name of Partner: _____ SSN: _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Local Phone Numbers: Business: _____ Home: _____ Cell: _____

Name of Partner: _____ SSN: _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Local Phone Numbers: Business: _____ Home: _____ Cell: _____

Other: includes Liability Co; LLP, Limited Partnership; LLP, Corporation

Managing Partner/Director: Name: _____ **SSN:** _____

Company Headquarters Name: _____

Address: Street: _____ **PO Box #:** _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: Name: _____ **Phone:** _____

Federal Employee Identification Number (FEIN): _____

Has this business/proprietor had service with Murray Electric System before? Yes: _____ **No:** _____

If so in what name? _____

Address of previous services: _____

Approximate dates of services: _____

The above information is correct to the best of my knowledge.

Signature: _____ **Title:** _____ **Date:** _____

Please check services requested

_____ **Electric**

_____ **Phone**

_____ **Cable TV**

_____ **Internet**

