

PAGE UTILITY ENTERPRISES

640 Haul Road

P.O. Box 1955, Page, AZ 86040

(928) 645-2419 * Fax (928) 645-5322

APPLICATION FOR UTILITIES

*** COMMERICAL ACCOUNT ***

DATE _____ ACCOUNT # _____

COMPANY NAME (If Applicable) _____

TYPE OF ACCOUNT:

- CORPORATION (Fill out Section B) LLC, PC, DBA OR OTHER LEGAL ENTITY (Fill out Section B)
- INDIVIDUAL (Fill out Section C) SOLE PROPRIETORSHIP (Fill out Section C)

SERVICE ADDRESS _____ CONNECT DATE _____

MAILING ADDRESS _____ City/State/Zip _____

PHONE _____ (Home) _____ (Cell) _____

FACILITY OWNERSHIP STATUS: (Check one) OWN _____ RENT _____
 If Renter – Name of Landlord _____, Phone _____

DEPOSIT AMOUNT \$ _____ (Check/Cash/Visa/MC)
 Deposit Transferred From Account # _____
 Other Means of Securing Payment: (Describe) _____

I AGREE TO THE FOLLOWING: *(Please initial)*

1. _____ To be responsible for all amounts due.
2. _____ To give access to the meter at all times.
3. _____ I have received a copy of the Utility Rules & Regulations & agree to abide by the Utility Rules & Regulations as adopted & as may be amended from time to time.
4. _____ I understand that a penalty of 5% will be charged to my account on any unpaid balance if not paid in full by the 20th of the month & that service is subject to termination after the 25th of the month.
5. _____ I agree to accept legal service of process by publication if my whereabouts are unknown.
6. _____ Any questions I had concerning my obligation to the Utility have been answered by a PUE Representative

SECTION B.

Authorized Agent (Please Print Name & Position) _____

Authorized Agent Signature _____ ID# _____

(I am authorized to legally bind the corporation or entity.)

Federal/Tax ID# _____

Statutory Agent (or Company Attorney) _____

Address _____ City _____

State/Zip _____ Phone _____

Corporate Headquarters President/CEO _____

Address _____ City _____

State/Zip _____ Phone _____

SECTION C.

Owner Name (Please Print) _____ DOB _____

Owner Signature _____ Drivers License/SSN# _____

Previous Address _____ City _____ State/Zip _____

Nearest Relative (Other Than Spouse) _____

Address _____ City _____ State/Zip _____

Customer Service Representative _____