Board of Municipal Utilities

Service Application Non-Residential Account

PLEASE TYPE OR PRINT

Company Name	Street Address (local)			
Mailing Address (if different from above)	Ph	one No. (local)		
ivianing Address (ii different from above)	Fil	one No. (local)		
Person to Contact Concerning Billing:				
(Name)	(Address)	(Phone No.) (Ext.)		
(Name)	(Addiess)	(Filone No.) (Ext.)		
Facility: []Own []Rent []Lease	(Terms of Lease yrs.)			
If Rent or Lease, Please Complete:				
Name of Landlord	Address		_	
CHECK ONE [] Corporation (Date of Incorporation)	(State of Incornaration)			
[] Sole Proprietor Date Started	(State of incorporation)			
[] Partnership Date Started				
	ease Complete Appropriate Section Below)			
CORPORATION: Name	Т	itle		
Please list officers & titles				
Home Office Address			_	
	Land the second			
Street or P.O.	City, State, Zip	Phone No.		
Sole Proprietor - Please list your residential address and	d phone number			
Applicant's Name	Address	Phone No.		
Applicant s Nume	Addioss	Thore No.		
Spouse's Name	Address	Phone No.		
Partnership				
Applicant's Name	Address	Phone No.		
Spouse's Name	Address	Phone No.		
	Please List Officers & Their Titles			
 Partner	Address			
. 2				
Partner	Address	-		
Partner	Address			
, artifor	Audiess	-		

Any prior history of bankruptcy or reorganization under bankruptcy laws? [] yes [] no If yes, when?			
Please list any past or present utility company(s) you have done business w Utility Name Address	ith: City, State, & Zip		
Bank References			
Name	Name		
Address (Street, City, State, & Zip)	Address (Street, City, State, & Zip)		
Contact Name & Phone No.	Contact Name & Phone No.		
Type of Account [] Checking # [] Savings # [] Loan #	Type of Account [] Checking # [] Savings # [] Loan #		
Please list two other credit references (major suppliers)			
Name	Name		
Address (Street, City, State, & Zip)	Address (Street, City, State, & Zip)		
Contact Name & Phone No.	Contact Name & Phone No.		
APPLICATION AND CONTRACT FOR SERVICE The undersigned hereby requests the City of Sikeston, Board of Municipal Utilities to furnish electric and/or water and sanitary sewer service at the above address, in accordance with its lawful rates, rules and regulations, and agrees to pay all bills for this service promptly as presented. It is also agreed that the applicant(s) will be responsible for all bills for electric and/or water and sanitary sewer service at the above address until date of his/her notification that the service is to be discontinued, whether the service is used by him/them or not. To the best of my knowledge the above facts are represented as true. I am aware that the falsification of any of this information may result in termination of water and/or electric service(s) by the Board of Municipal Utilities. I also understand if any of the information I have provided changes, every effort will be made to provide the Utility with such changes. My signature below indicates my permission for the Board of Municipal Utilities to obtain credit information from the sources I have referenced.			
Authorized Individual (Print)	Title		
Signature	Date		
Signature(Spouse/Other)	Date		
FOR UTILITY USE ONLY			
Billing Account Number(s)	Deposit Amount(s)		
	Deposit Number(s)		
	Date Received		
	Service Clerk		