

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 with:

Utility Name	Address	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 <input type="checkbox"/> Checking # _____ <input type="checkbox"/> Savings # _____ <input type="checkbox"/> Loan # _____	Type of Account <input type="checkbox"/> Checking # _____ <input type="checkbox"/> Savings # _____ <input type="checkbox"/> 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 _____