

## COMMERCIAL/INDUSTRIAL APPLICATION FOR SERVICE

Fax: 812-537-3731

| Please place servic   | e in my   | name I                                    | Effective  | /   | //   |  | <b>Deposit</b><br>1/3 of the Annua   |   |
|---|---|---|--|---|--|--|--|---|
| Renting   | Pi  | urchas                                    | e  |   |  |  | FOR COMPAN   | VY USE:   |
|   |   |   |  |   |  |  | Book:  |   |
|   |   |   |  |   |  |  | Account:   |   |
| To establish my ac  |   |   |  |   |  |  | e effective date liste   | d above.  |
| Please Print  |   |   |  |   |  |  |  |   |
| Company Name  | Responsible Party                               |   |  |   |  |  |  |   |
| Service Address   |   |   |  |   | C't  |  | <u> </u>   | 7.  |
|   | Street  |   |  |   | City   |  | State  | Zip   |
| Mailing Address<br>If different than se   | rvice add                                       | dress                                     |  |   |  |  |  |   |
| Previous Address  |   |   |  |   |  |  |  |   |
| Tax ID#   | Type of Business                                |   |  |   |  |  |  |   |
| Business Establish  | ed  |   |  |   |  |  |  |   |
| E Mail Address  |   |   |  |   |  |  |  |   |
| Phone numbers:  | Phone   | (   | )  | -   |  | Fax (  | ) -  |   |
|   | Cell  | (   | )  | -   |  |  |  |   |
| Landlord Name   |   |   |  |   | Landlo   | rd Phone Num   | ber ( )  | -   |
| Landlord Address  |   |   |  |   |  |  |  |   |
|   | ntil canc                                       | eled b                                    | y oral or v  | written reques  | st. By signi   | ing this applica                                     | n request. This agree that I h   |   |
| Applicant Signature   |   |   |  |   | Date   |  |  |   |
| application is not c<br>application at least<br>continued in the cu<br>for new service ma | complete<br>(3) busi<br>urrent acc<br>uy be sub | in full<br>ness da<br>count r<br>oject to | and signary<br>ays before<br>name, unlo<br>a request | ed, it will not<br>e the effective<br>ess the respon<br>t for security of | be accepted<br>date. If the<br>sible party<br>deposit. | d by the Comp<br>is application i<br>advises us to c | Company. Please N<br>any. The Company<br>is NOT APPROVEI<br>lisconnect service.  | must receive this<br>D, service will be<br>This application |
| after 12 months to  | request   | this.                                     |  |   |  |  | e payments. Please   |   |
| In the event any un including, but not  |   |   |  |   |  |  | associated with collectories of the second sec | ecting my account   |
|   |   |   |  |   |  |  |  |   |