



COMMERCIAL/INDUSTRIAL APPLICATION FOR SERVICE

Fax: 812-537-3731

Deposit \$

1/3 of the Annual Service

Please place service in my name Effective \_\_\_\_/\_\_\_\_/\_\_\_\_

Box containing Renting and Purchase fields

Box containing FOR COMPANY USE: Book and Account fields

To establish my account, Sycamore Gas Company will take a meter reading on the effective date listed above.

Please Print

Company Name \_\_\_\_\_ Responsible Party \_\_\_\_\_

Service Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ If different than service address

Previous Address \_\_\_\_\_

Tax ID# \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Established \_\_\_\_\_

Phone numbers: Phone ( ) - Fax ( ) - Cell ( ) -

Landlord Name \_\_\_\_\_ Landlord Phone Number ( ) -

Landlord Address \_\_\_\_\_

I hereby assume responsibility for service and agree to pay a security deposit upon request. This agreement will continue in force until canceled by oral or written request. By signing this application, I agree that I have received and understand the information in the Rights and Responsibilities Pamphlet.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

This application for service is subject to review and acceptance by Sycamore Gas Company. Please Note: If this application is not complete in full and signed, it will not be accepted by the Company. The Company must receive this application at least (3) business days before the effective date. If this application is NOT APPROVED, service will be continued in the current account name, unless the responsible party advises us to disconnect service. This application for new service may be subject to a request for security deposit.

The deposit can be refunded after 12 months of consecutive on time payments. Please call the office after 12 months to request your refund.

We may collect a current deposit if your meter had been disconnected for non-payment along with a reconnection fee.