

Gallatin Department of Electricity

Application for Commercial or Industrial Electrical Service

Business Name	_____					
Date Service To Be Turned On	___/___/___					
Address for Service	_____					
	Complete Address					
Mailing Address (if different than above)	_____					
	Number	Street	City	State	Zip Code	
Name, Address & Phone # of Landlord (if Renting)	_____					
	Name	Complete Address			Phone #	
Type of Business / Operation	_____					

Principle Owner / Stockholder						
Name	_____		_____		_____	
	Last	First	Middle			
Home Address	_____					
	Complete Address					
Date of Birth	___/___/___	Phone #	___-___-___	Cell Phone #	___-___-___	
Social Security Number	___-___-___	Driver License Number (State)	()			
Email Address	_____					

Principle Owner(s) / Stockholder(s)						
Name	_____		_____		_____	
	Last	First	Middle			
Home Address	_____					
	Complete Address					
Date of Birth	___/___/___	Phone #	___-___-___	Cell Phone #	___-___-___	
Social Security Number	___-___-___	Driver License Number (State)	()			
Email Address	_____					

IF A DEPOSIT REQUIREMENT IS EQUAL TO OR IN EXCESS OF \$500.00, PLEASE INDICATE WHICH OF THE FOLLOWING WILL BE USED AS A METHOD OF DEPOSIT: () CASH/CHECK () SURETY BOND () IRREVOCABLE LETTER OF CREDIT

I/We are requesting electric service at the above address, and as a condition of Gallatin Department of Electricity, hereafter referred to as GDE, providing the service, I/We understand the following: It shall be **unlawful** (1) to obtain or attempt to obtain, by use of any fraudulent means or methods, electric service with intent to avoid payment for the same; (2) to cause another to avoid such payment; or (3) to assist another in avoiding such payment through the making of multiple applications for service at one address, or otherwise.

It is understood that this application or agreement is subject to the Standard Rules and Regulations of GDE on file for inspection at the office of GDE and said Rules and Regulations are hereby made part of this agreement. I/We agree to be responsible for all current consumed at above address according to the rate applicable.

I/We understand that if the account is not paid in full after termination of electrical service at the above address, or any subsequent location to which service is transferred, I/We are responsible for all fees, including collection fees (an additional 35%) and/or reasonable attorney fees, incurred for the collection of any unpaid bills.

Authorized Signature	_____	Title	_____
Print Name	_____	Date	___/___/___

Do Not Write Below This Line

Amount of Deposit \$	_____	Application Received and Information Verified By	_____
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State of _____ County of _____

Personally appeared _____ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) executed the foregoing instrument.

Witness my hand and seal this ___ day of _____ 21 __. My Commission expires: _____

Notary Public