

To:	From:
Fax:	Fax #: (907) 780-3571

Application for Commercial Service

Alaska Electric Light and Power Company

5601 Tongard Ct
Juneau. AK 99801
(907) 780-2222

New Sequence #: _____

Date: _____

Business name: _____

Business mailing address: _____
Street/P.O. Box City State Zip

Service address: _____
Street City

Legal description: _____
Lot/Block/Subdivision

Business phone # _____ Contact person _____ Responsible party _____

ARE YOU . . .

The Owner? Agent? Contractor?
 The Tenant?

Landlord's Name _____

Address _____ Phone _____

Date constructed Primary space heat Water heater Sq. Ft.

Date New Service Required

Is the power currently turned on?

Yes No

Is the business tax exempt? Yes No Tax Exempt #: _____

Should your service ever be subject to disconnection, would you like AEL&P to notify someone other than yourself?

Yes No If YES, list this person as a personal reference.

Name Phone number

Previous Service Address: _____
Address City/State Zip

Does this account need to be taken out of your name? Yes No

THIS SECTION FOR OFFICE USE

Between Tenant Agreement
Is this account a BTA?

Yes No

Sequence # _____

Name: _____

Address: _____

Connect Fee? Yes No BD? Yes No

Moving From: Account #: _____ Deposit Paid: \$ _____

Sequence #: _____

Moving To: New Residence Avg Bill: \$ _____

New Account #: _____ Rate: _____ High: \$ _____

Deposit Amount: \$ _____ Deposit paid: Yes No Low: \$ _____

Previous Resident

Account #: _____ MSO #: _____ Disconnect Date: _____

BTA? Yes No Sequence #: _____

Meter #: _____ Is account billed demand? Yes No Initials/Date: _____

Credit references

Name _____
Account # _____
Address _____
City _____ State _____ Zip _____
Checking account with _____

Name _____
Account # _____
Address _____
City _____ State _____ Zip _____
Branch _____ Checking account # _____

Type of ownership Individual Partnership Corporation

Business purchased or begun: Date _____

Purchased from _____

Individual owner

Name _____ *SSN _____

Mailing address _____ Birth date _____

Home address _____ Home phone _____

Partnership

Partner 1 Name _____ Birth date _____ *SSN _____

Home address _____ Daytime phone _____

Partner 2 Name _____ Birth date _____ *SSN _____

Home address _____ Daytime phone _____

Partner 3 Name _____ Birth date _____ *SSN _____

Home address _____ Daytime phone _____

Corporation

President Name _____ Daytime phone _____

Home address _____

Vice President Name _____ Daytime phone _____

Home address _____

Secretary Name _____ Daytime phone _____

Home address _____

Treasurer Name _____ Daytime Phone _____

Home address _____

I certify that the applicant is the responsible party of the premises for which this application is made. I have lawful authority to sign this application. My signature on this form authorizes AEL&P to conduct a credit check I declare that the information provided is true, accurate, and complete to the best of my knowledge. The applicant agrees to pay the applicable rates, and abide by the terms and conditions as prescribed by the AEL&P Tariff. **The applicant is responsible for the cost of all services rendered until AEL&P receives notification either in person or in writing for the closing of this account.** The applicant shall pay any costs associated with the collection of any unpaid balance for this and future utility service. AEL&P has the right to collect the full amount owed from any one of the applicants, where application of service is made by two or more individuals.

Signature of Applicant _____ Printed Name _____ Date _____

Signature of Co-Applicant _____ Printed Name _____ Date _____

**If you prefer to use an optional form of positive identification, talk to your Customer Service Representative.*