APPLICATION FOR COMMERCIAL SERVICE

Alaska Electric Light & Power Company
5601 Tonsgard Ct ▪ Juneau, AK 99801-7201
Phone: 907.759.5900 ▪ email: **service@aelp.com**

New Service Order # _____
Location # _____
Customer # _____

POWER PROTECTION IS A CUSTOMER RESPONSIBILITY ▪ To learn more visit www.AELP.com

Business Name _____

Business Billing Address _____ (Street/P.O. Box) _____ (City) _____ (State) _____ (Zip)

Service Address _____ (Street) _____ (City) _____ (Lot/Block/Subdivision)

Business Phone _____ Contact Person(s) _____

Is the power currently turned on? ☐ **Yes** ☐ **No** **Date New Service Required** _____

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

Previous Service Address _____

Does this account need to be taken out of your name? ☐ Yes ☐ No If yes, when? _____

ARE YOU... ☐ The owner? ☐ The tenant? ☐ The agent? ☐ The contractor?

_____ (Landlords name) _____ (Address) _____ (Phone #)

Date constructed _____ Primary space heat ☐ Oil (or) ☐ Gas Water heater ☐ Electric (or) ☐ Oil SqFt. _____

TYPE OF OWNERSHIP ☐ Individual ☐ Partnership ☐ Corporation Business purchased or begun: Date _____

Purchased from _____

Would you like to sign up for electronic billing? ☐ Yes ☐ No E-mail _____

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. 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 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. Power protection is a customer responsibility. If this is a turn on, I acknowledge and confirm that any hazards such as flammable objects around heating sources have been addressed or removed prior to my turn on request.

_____ _____ _____
Signature of Applicant Printed Name Date

_____ _____ _____
Signature of Co-Applicant Printed Name Date

THIS SECTION IS FOR OFFICE USE

Connect Fee? ☐ Yes ☐ No BD? ☐ Yes ☐ No

Moving From: Account # _____ Location # _____

Previous Service Address _____ Date _____

Deposit Amt. $ _____ Transfer Dep. ☐ Yes ☐ No Service Order # _____

Moving To: *NEW RESIDENCE*

New Account # _____ Rate _____ Average bill $ _____

PREVIOUS RESIDENCE Deposit Amount $ _____

Account # _____ Meter # _____ Initial/Date _____

Between Tenant Agreement

☐ Yes ☐ No

Landlord # _____

Name _____

Act # _____

Connect Fee? ☐ Yes ☐ No

Continue Easy Pay? ☐ Yes ☐ No