CITY OF HAGERSTOWN – LIGHT DEPARTMENT

BILLING AND CUSTOMER SERVICE
P.O. Box 1498, Hagerstown, Maryland 21741 (301) 790-4160

Application for Commercial Service

Please fill out form completely. When completed, please fax a copy of your social security card and Driver's License along with your application to 301-739-4028. **To Confirm Receipt of Fax, please call 301-790-4160.**

SERVICE LOCATION

Street #, Street, Suite # _____ OWN: ___ RENT: ___

If you rent: Landlord Name: _____ Phone _____

APPLICANT

Name: _____
Individual, Partnership, Association, or Corporate Name

Trade Name: _____
(if different from above)

Type of Business: _____

How Long Has Business Been in Existence? _____

Business Phone: _____ Federal ID #: _____

Previous Address (if any): _____

_____ Dates: _____

Main Office (if applicable):

CHECK ONE:

____ Sole Proprietorship
____ Partnership
____ Corporation
____ Association
____ Govt. Agency
____ Other _____

PRINCIPALS

Please list information for principal officers, partners and/or stockholders.

	NAME	HOME ADDRESS	HOME PHONE	TITLE
1				
2				
3				

CREDIT

Please list credit references for your business. Include at least one other electric utility if applicable.

	NAME	ADDRESS	HOME PHONE
1			
2			
3			

BILLING

____ Send Bill to Service Address.

____ Send Bill to Different Address: _____

SIGNATURE

1. I understand that full payment is due on electric accounts 15 days from the billing date.
2. I understand that service is granted on a **CONDITIONAL** basis for 30 days during which time service may be terminated if any material part of this application is found to be incomplete or in error.
3. The information in this application is true and complete.

Authorizing Signature _____ Date _____ Title _____

Social Security Number _____ Driver's License # _____

FOR OFFICE USE ONLY:			
Application taken by/Date	**Approved by/Date**	**Deposit Required**	**Effective Date**