

# CITY OF HAGERSTOWN – LIGHT DEPARTMENT

BILLING AND CUSTOMER SERVICE

P.O. Box 1498, Hagerstown, Maryland 21741 (301) 790-4160

Email: [movers@hagerstownmd.org](mailto:movers@hagerstownmd.org)

## 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: \_\_\_\_\_ **CHECK ONE:**  
Individual, Partnership, Association, or Corporate Name \_\_\_\_\_  Sole Proprietorship

Trade Name: \_\_\_\_\_  Partnership  
(if different from above) \_\_\_\_\_  Corporation  
\_\_\_\_\_  Association  
\_\_\_\_\_  Govt. Agency  
\_\_\_\_\_  Other

Type of Business: \_\_\_\_\_

How Long Has Business Been in Existence? \_\_\_\_\_

Business Phone: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Previous Address (if any): \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_

Main Office (if applicable): \_\_\_\_\_

### 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 20 days from 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. I understand that a security deposit may be required upon application. A letter of credit from the previous utility provider may be used in lieu of a deposit. Full payment of any past bill is required to start service.
4. I understand that if I do not pay my account as agreed and it becomes necessary to refer my account to a collection agency, I will be responsible for court costs and interest as granted by the court.
5. I understand that, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless, which could result in charges to you. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by email, using any email address provided to us.
6. I understand that a credit score may be obtained during the application process.

The information in this application is true and complete.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Federal Tax ID# or SSN#  
(SSN# for sole prop. only)

\_\_\_\_\_  
Driver's License #

**FOR OFFICE USE ONLY:**

Application taken by/Date

Approved by/Date

Deposit Required

Effective Date

2/26/20

**If my account becomes assigned to a collection agency, I agree to pay a 25% collection fee, interest in the amount of 25%, court costs, and attorney's fees, as allowed by the law.**

\_\_\_\_\_  
Applicant's Signature (SEAL)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature (SEAL)

\_\_\_\_\_  
Date