



Business & Commercial Application for Service

Services Requested: Electric Water

Are you interested in internet service? Yes No
 Do you think you may qualify to be tribal tax exempt? Yes No
 Would you like to enroll in Operation Round Up? Yes No
 Would you like to sign-up for paperless billing? Yes No

Business Information

WA State Registered Business Name:

Doing Business As:

Entity Type:

UBI #:

EIN/TAX ID #:

Telephone:

Email:

Has entity ever been a Pend Oreille PUD customer before? Yes No

If yes, Service Location:

Name on Acct:

Responsible Party (Required only if UBI/EIN are not provided)

First Name:

M.I.

Last Name:

Date of Birth:

SSN:

Mailing Address (if different from above):

City:

State:

Zip:

Telephone:

Email:

Have you ever been a Pend Oreille PUD customer before? Yes No

If yes, Service Location:

on Acct:

Service Start Date:

(mm/dd/yyyy)

Buying

Renting

Service Address:

Unit/Apt #

City:

State:

Zip:

Mailing Address if different:

City:

State:

Zip:

Legal property owner (if renting):

Telephone:

The undersigned executing this application represents and warrants that they have sufficient authority to represent and obligate the entity for which they are signing ("Applicant"), and hereby applies for service at the premises described above and agrees to pay the established rates and fees now in force or hereafter modified by the District, and will be held responsible for usage until the date the District is notified of account termination. Applicant understands and agrees that all services are provided by the District subject to the terms and conditions of the District's Electric Service, Rates and Credit Policy ("Electric Service Policy") and Water Service, Rates and Credit Policy ("Water Service Policy") (and collectively "Service Policies"), as those policies may be amended from time to time in the District's sole discretion. Applicant agrees to provide, if required by the District in its sole discretion, the corporate resolution or meeting minutes reflecting that the Applicant has sufficient signing authority for the entity requesting services. Applicant has five (5) business days after occupying the premises to provide all necessary application information, or service will be disconnected. Service will continue until the District is notified to terminate or upon action taken by the District for non-payment of the account(s) in accordance with the District's Service Policies.

BY SIGNING BELOW, APPLICANT ACKNOWLEDGES THAT THEY HAVE RECEIVED A COPY OF, OR HAVE ACCESS TO (VIA WWW.POPUD.ORG), THE SERVICE POLICIES AND AGREE TO THE TERMS AND CONDITIONS THEREIN, AS MAY BE MODIFIED FROM TIME TO TIME WITHIN THE DISTRICT'S SOLE DISCRETION.

Applicant Name:

Applicant Signature:

Date:

To add additional authorized parties to the account, see reverse.

Authorized Parties (Principals, Partners, Members, Managers or Governors, etc.)

By signing below, I authorize Pend Oreille PUD to release account information to the below listed individual(s):

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Applicant Signature:	Date:
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