

INNISFIL HYDRO DISTRIBUTION SYSTEMS LIMITED
2073 COMMERCE PARK DRIVE
INNISFIL ON L9S 4A2
TEL. (705) 431-4321 FAX (705) 431-6872

APPLICATION FOR COMMERCIAL/INDUSTRIAL ACCOUNT - > 50 kW

DATE SERVICE REQUIRED: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO US TOGETHER WITH THE
REQUIRED DEPOSIT ON OR BEFORE: _____

REQUIRED DEPOSIT: _____

NAME OF BUSINESS: _____

LEGAL COMPANY NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

TYPE OF BUSINESS: _____

DATE ESTABLISHED: _____

OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

COMPLETE APPLICABLE CRITERIA BELOW

1. SOLE OWNER:
NAME HOME ADDRESS HOME PHONE NUMBER

DRIVER'S LICENCE NUMBER: _____ S.I.N.: _____

2. PARTNERSHIP:
NAME HOME ADDRESS HOME PHONE NUMBER

A) _____

DRIVER'S LICENCE NUMBER: _____ S.I.N.: _____

B) _____

DRIVER'S LICENCE NUMBER: _____ S.I.N.: _____

3. LIMITED COMPANY:
OFFICERS:

NAME	TITLE	RESIDENCE ADDRESS
A) _____		
B) _____		
C) _____		

IF A SUBSIDIARY, PARENT COMPANY IS:

LEGAL NAME: _____
 BUSINESS LOCATION: _____
 PHONE NUMBER: _____

I/We hereby apply to Innisfil Hydro Distribution Systems Limited for electric service at the service address shown above. I/We agree to pay for such service(s) as bills are rendered and comply with the conditions for service of Innisfil Hydro DSL.

I/We agree to: (1) pay the security deposit required; or (2) pay for a consumer credit report (\$43.20); or (3) provide a seven-year electric utility credit history; or (4) enroll for pre-authorized payment, in order to have this account transferred to my/our name. I/We understand that if my/our credit rating or electric payment history is not acceptable and I/we do not choose to enroll for pre-authorized payment, I/we am/are required to pay a security deposit. I/We understand that this deposit may be paid in four equal installments in four consecutive months commencing the month the service is put in my/our name. I/We further understand that in the event of either non-payment of deposit or of my/our account, service may be terminated and not restored until payment is made in full including a charge for collections and reconnection. I/We also understand that I/we may request a review of my/our account in seven years to determine if I/we am/are eligible for a deposit refund. I/We will also inform Innisfil Hydro DSL at least one week in advance of when I/we plan to vacate the above premises.

The utility will make every effort to ensure bills are accurate; however, billing errors can occur. The utility reserves the right to collect under-billed amounts at any time.

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for, any renewal or extension concerning the undersigned to any credit report agency or to any person with whom the undersigned has or proposes to have financial relations.

I have read and understood the attached statement of Innisfil Hydro regarding the collection, use and disclosure of my personal information, and I hereby consent to have Innisfil Hydro collect and use my personal information for the purposes stated.

This information is collected under the authority of the Ontario Energy Board Act, 1998.

SIGNATURE: _____

SIGNATURE: _____ Tenant (T)/Owner (O)

ACCOUNT NUMBER: _____

DEPOSIT AMOUNT: _____ RECEIPT # _____ DATE: _____