

**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 – For Residential Property**

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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: \_\_\_\_\_

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**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 one-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 one year 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: \_\_\_\_\_