

## **NEW CUSTOMER INFORMATION**

| MOVE IN/OUT DATE:   |  |
|---|--|
| Have you ever previously had an account with u  | s? Yes No  |
| If yes, please provide previous service location:                                     |  |
| PRIMARY CUSTOMER NAME:  |  |
| SECONDARY CUSTOMER NAME:  |  |
| Service Location Address:   |  |
| Billing Address (if different):   |  |
| Home Phone:   | Cell Phone:  |
| Email Address:  |  |
| Do you own this property or are you renting?  | Owner Renter   |
|   | vnership and skip to the signature line. If this property is subsequently rented wner agrees to assume any financial responsibility not met by the tenant. |
| RENTAL INFORMATION:   |  |
| Rental Agent/Owner Name:  | Phone #:   |
| Rental Agent/Owner Address:   |  |
| Rental Agent/Owner Email:   |  |
|   | 00.00 deposit upon moving into a unit. All commercial tenants are into a unit. Service will not be put into the tenant's name until the                    |
| How will you be paying your deposit? Cash  IF PAYING BY CREDIT CARD, OUR CUSTOMER SER |  |
| Customer Signature:   | Date:  |
| F   | OR OFFICE USE ONLY:  |
| Work Order Taken by:  | Date:  |
| Account #:  | Location #:  |



