

CHICOPEE ELECTRIC LIGHT

Commercial / Industrial Application for Service



Page 1: STK# 10-03900 Must Also Order Page 2: STK#10-04000

This application is a legal contract between the applicant for utility service and the City of Chicopee Municipal Lighting Plant (CMLP).

(PLEASE PRINT CLEARLY)

Application # _____
Today's Date _____ Date Service Requested _____ Taken by _____
Name _____ SSI/FID# _____
Telephone No _____ Year Founded _____ Business Description _____
Service Location _____
Mailing Address _____
Previous/Current CMLP customer No Yes: If yes, at what address _____

If property is rented, name of owner _____
Address _____

If property is owned, name on property deed _____
Type of Heat: Gas Oil Electric
Type of Hot Water: Gas Oil Electric

Chief Financial Officer _____ Phone _____
Chief Executive Officer _____ Phone _____
President _____ Phone _____
In case of an emergency please contact _____ Phone _____

PLEASE COMPLETE THIS INFORMATION

SOLE PROPRIETOR / PARTNERSHIP: (If more than two partners, please attach)

First Owner's Name _____ SSI# _____
Address _____ Phone _____
City _____ State _____ Zip _____

Second Owner's Name _____ SSI# _____
Address _____ Phone _____
City _____ State _____ Zip _____

CHECK ONE OWNERSHIP: Public Private Foreign Non-Profit
OWNERSHIP TYPE: Corporation Partnership Sole Proprietor S Corporation
LOCATION TYPE: Branch Franchise Division Subsidiary Single Location

Latest Year's Sales Volume \$ _____ Latest Year's Profit \$ _____ Net Worth \$ _____
Number of Employees _____ Sales Tax Exempt: No Yes (Exemption Form Required)
Exempt Basis: Manufacturing Less than 5 Employees Non-profit

HOME OFFICE OR PARENT COMPANY (IF APPLICABLE)

Company Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ State of Incorporation _____

CHICOPEE ELECTRIC LIGHT

Commercial / Industrial Application (continued)



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Bank Name _____ Contact Person _____
Address _____ Phone _____
City _____ State _____ Zip _____

TRADE REFERENCES:

(Note: AmEx, VISA, Utility companies are not trade references)

1) Name _____ Contact Person _____
Address _____ Phone _____
City _____ State _____ Zip _____

2) Name _____ Contact Person _____
Address _____ Phone _____
City _____ State _____ Zip _____

3) Name _____ Contact Person _____
Address _____ Phone _____
City _____ State _____ Zip _____

I HEREBY, certify that the foregoing information is true and complete. I authorize the CMLP, or its designated agent, to investigate the above credit references and any other sources of Credit Information. I HEREBY, also agree to abide by the Terms and Conditions set forth by the CMLP of which I have been given.

Authorized Signature Social Security Number Date

Print Name Title

Deposit \$ _____ Cash _____ Check _____ Security Deposit _____ Bank Letter of Credit _____ Payment Guarantee _____

Surety Bond _____ Other _____ Receipt No _____ By _____ Approved by _____

Debtor # _____ Account No _____

Disconnect Date _____ Final Bill Amount \$ _____

Mailing Address _____

Turned over for collection: Attorney _____ Agency _____

Date _____ By _____

Remarks: _____

