



# AUTHORIZATION FOR NON-RESIDENTIAL (COMMERCIAL) UTILITY SERVICE(S) AND CREDIT APPLICATION

A request has been received to transfer utility service(s) into your name. Please confirm this request by providing the information requested below and returning it to your local district office in the attached envelope no later than \_\_\_\_\_

Application is hereby made for service(s) to the premises described hereon. The applicant agrees to pay for such service(s) at the rates and charges applicable as contained in Sierra Pacific's Rate Schedules, a copy of which is available for examination at any of the Company's offices. Applicant also agrees to conform to and abide by the Company's rules and regulations in force relating to the purchase and sale of said service(s).

I accept all responsibility regarding this account from this day forward including appropriate Service Establishment charges per service.

I understand that credit references will be checked, and I authorize the release of credit information to SPPCo.

**This authorization must be signed by a corporate officer, partner or proprietor and returned to SPPCo. by the above date in order to establish this account; service(s) could be terminated if not signed and returned.**

LEGAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SS# OR DRIVER LICENSE # \_\_\_\_\_ DATE SERVICE(S) REQUESTED \_\_\_\_/\_\_\_\_/\_\_\_\_

The following statements are true and correct; made for the purpose of obtaining service(s) from SPPCo.:

SERVICE/PHYSICAL ADDRESS \_\_\_\_\_

FIRM NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

\_\_\_\_\_ PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

**IF BILLS ARE MAILED OUT OF TOWN PLEASE GIVE NAME, ADDRESS, AND PHONE # OF LOCAL CONTACT.**

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ LEASE \_\_\_\_\_

NAME OF LANDLORD \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

**INFORMATION ABOUT THE CORPORATION/PARTNERSHIP:**

NAME OF PARENT CORPORATION \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

RESIDENT AGENT/PARTNER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

STATE INCORPORATED \_\_\_\_\_ DATE INCORPORATED \_\_\_\_/\_\_\_\_/\_\_\_\_

DUN AND BRADSTREET # \_\_\_\_\_

OFFICERS OF THE CORPORATION: (Please print or type)

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Controller

\_\_\_\_\_  
Other

NAME

ACCOUNT #

DEP. AMOUNT \$

