

EDINBURGH MUNICIPAL UTILITY  
COMMERCIAL ACCOUNT

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SSN: \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

DL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BILLING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

LOCATION OF HOME OFFICE: \_\_\_\_\_

\_\_\_\_\_

TYPE OF COMPANY: \_\_\_\_\_

IF OWNED BY ANOTHER COMPANY, NAME AND LOCATION OF THAT COMPANY:

\_\_\_\_\_

\_\_\_\_\_

WAIVER

I have answered all the above questions to the best of my knowledge and therefore pledge that they are true. I understand that if I have answered falsely, the Edinburgh Municipal Utilities reserves the right to deny my utility service.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_