



## APPLICATION FOR SERVICE

### **PART 1A – Primary Customer Name (This name will appear on the bill). PLEASE PRINT**

Full Name: \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cellular: \_\_\_\_\_  
\*\*Two pieces of photocopied identification (1photo ID) are required with submission of this application\*\*  
ID#1 (Photo): \_\_\_\_\_ ID Type: \_\_\_\_\_  
ID#2: \_\_\_\_\_ ID Type: \_\_\_\_\_  
Employer's Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### **PART 1B – Other Responsible Customer Name (if applicable) PLEASE PRINT**

Full Name: \_\_\_\_\_ Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Residential Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cellular: \_\_\_\_\_  
ID#1 (Photo): \_\_\_\_\_ ID Type: \_\_\_\_\_  
ID#2: \_\_\_\_\_ ID Type: \_\_\_\_\_  
Employer's Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Customers that are listed above and have signed below accept financial responsibility for the account and can access all account information.

### **PART 2 – Service Address: \_\_\_\_\_**

Date Service Commences (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address (if different from Service Address): \_\_\_\_\_

Will you be renting or owning the Service Address?  Renting  Owning

If renting: Owner's name and number: \_\_\_\_\_

Previous Service Address (if applicable) \_\_\_\_\_ Acct. #: \_\_\_\_\_

Do you require a final reading at your previous address?  Yes  No If yes, date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

### **PART 3:**

Yes, enroll my account in the Pre-Authorized Payment Plan. **If choosing the Pre-Authorized Plan, please complete the Pre-Authorized Payment Authorization form and enclose a void cheque (specify the name and address and/or billing number on the cheque) and return BOTH the VOID cheque and completed Authorization form with this application.**

### **PART 4:**

The information collected will be used by Customer Services to establish and maintain a service connection, and for billing and collecting activities. If you are a tenant, the owner's name and address may be used to provide notice in the event that your service is disconnected. The owner may also be notified of your final billing date.

#### **I/We, the undersigned**

- Certify all the information above to be true and complete;
- Authorize and consent to the receipt and provision of account and credit information from credit grantors, credit bureaus and suppliers of services.

Signature Primary Customer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Other Responsible Customer: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: Brantford Power Inc., Customer Services Dept., P. O. Box 308, Brantford, Ontario N3T 5N8  
Phone Inquiries: 519-751-3522 from 8:30 a.m. to 4:30 p.m. – Monday to Friday Fax: 519-756-6041  
E-mail Address: customerservices@brantfordpower.ca Web Site: [brantfordpower.com](http://brantfordpower.com)