



BUSINESS APPLICATION FORM

Service Address:

Address _____ Unit _____ Meter Number _____

City _____ Province _____ Postal Code _____

Date Service Commences (MM/DD/YY): _____ / _____ / _____

I/We the undersigned hereby certify that I/We will assume full responsibility for all utility accounts that will become owing to Brantford Power in its personal capacity or as a trustee for utility related charges for service provided to this property.

Legal Business Name: _____

Date of Incorporation: (MM/DD/YY): _____ / _____ / _____

Please submit a copy of the Articles of Incorporation

Type of Business: _____

Mailing Address: _____

Address _____ Unit _____

City _____ Province _____ Postal Code _____

Business Phone No.: _____ Alternate Phone No.: _____

E-Mail Address: _____

List details below for the Principal(s) or Owner(s), sole proprietorship or partnership:

Name

Home Address

Primary Phone No.

1. _____

2. _____

Signature By:

Signature owner(s), Officer or Agent

Please Print Name

Title

Date

Do you own or lease your principal place of business?: _____

Leased from: _____ Phone No.: _____

Brantford Power Inc.
P.O. Box 308
Brantford, ON N3T 5N8
T: 519-751-3522
F: 519-756-6041
customerservices@brantfordpower.ca

OFFICE USE ONLY

Account Number: _____

Service Address: _____

Deposit Requested: _____