

**MURRAY ELECTRIC SYSTEM  
APPLICATION FOR COMMERCIAL SERVICE  
CUSTOMER INFORMATION SHEET**

Date: \_\_\_\_\_ **PLEASE PRINT INFORMATION**

Business Name: \_\_\_\_\_ Store #: \_\_\_\_\_

Service Address: Street: \_\_\_\_\_ Tenant #: \_\_\_\_\_

(Additional trip charges may result from inaccurate service address)

Billing Address: Street: \_\_\_\_\_ PO Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Local Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe main commercial activity: \_\_\_\_\_  
(example: restaurant, office, hair salon)

**Type of Business**

**Sole Proprietor**

Name of Owner: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Partnership:**

Name of Partner: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other: includes Liability Co; LLP, Limited Partnership; LLP, Corporation**

**Managing Partner/Director: Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Company Headquarters Name:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_ **PO Box #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Person: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Federal Employee Identification Number (FEIN):** \_\_\_\_\_

**Has this business/proprietor had service with Murray Electric System before? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If so in what name?** \_\_\_\_\_

**Address of previous services:** \_\_\_\_\_

**Approximate dates of services:** \_\_\_\_\_

**The above information is correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check services requested**

\_\_\_\_\_ **Electric**

\_\_\_\_\_ **Phone**

\_\_\_\_\_ **Cable TV**

\_\_\_\_\_ **Internet**

