

MURRAY ELECTRIC SYSTEM and/ or e-Tel of Murray
APPLICATION FOR SERVICE
CUSTOMER INFORMATION SHEET

_____ Please check here to authorize MES and/or e-Tel of Murray to run a credit check on everyone listed on this application.

Date _____ PLEASE PRINT INFORMATION

Name _____ SSN _____
(as it appears on driver's license)

Spouse/Roommates _____ SSN _____
(Failure to supply a valid social security number may result in maximum security deposit requirement)

Driver's License No. _____ State _____

Service Address _____
(Address moving to) Street Apt. No./Letter

(Additional trip charges may result from inaccurate service address)

Mailing Address to send bill _____
Street Apt. No./Letter
City State Zip Code

Home Phone # _____ Cell Phone # _____
(MES may use these numbers in case of an emergency or pending disconnection of power due to work related circumstances or non-payment of the account)

Employer _____ Work Phone # _____

Do you Own _____ or Rent _____ (Check One) the location for which you are applying for service? (If you are the owner, documentation of ownership must be provided; renters must provide a valid lease, with the lease holder and all of the occupants identified)

Name and address of closest relative or contact person not living with you: _____
Phone # _____

(This contact information may be used in case of an emergency or to return your deposit. Please provide us with a permanent address where you can always be contacted. For students- this would be your home address where your final bill may be mailed or where we may return a portion or all of your deposit money-VERY IMPORTANT)

Have you had service with MES before? Yes _____ No _____ (Check One)

If so, in what name? _____

Approximate dates of service _____

Address of Previous service _____

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

Signature _____

Please check services requested:

Electric Telephone Cable TV Internet