



APPLICATION FOR NON-RESIDENTIAL ELECTRIC SERVICE(S)

--- MID USE ONLY ---

CSR Name	<input type="checkbox"/> Equivalent <input type="checkbox"/> Change in svc <input type="checkbox"/> New construction	Franchise District:	Tax District:
Account #:	Anticipated Load:	Rate:	Reactive Meter: Yes No
Svc Pt #:	NAICS Code:	Voltage:	
Deposit Amount/Reason for waiving:	Map grid seq #:	Class 1 Code:	
CS Approved by: _____ Date: _____	Mktg Approved by: _____ Date: _____	Engr Approved by: _____	Date: _____

Please fill out the application completely, and attach supporting documentation. Sign and return to MID in the office, by fax or email. In accordance with MID Rules & Regulations, a minimum deposit of \$300, or three times the highest monthly bill, may be required to activate service.

Today's date _____	Service start date: _____	Power On? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Service: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Lighting <input type="checkbox"/> Ag Pump – horsepower: _____		
New construction: <input type="checkbox"/> Yes <input type="checkbox"/> No Square footage of building or work area: _____		

- Legal billing name: _____
- Doing business as (DBA): _____
Name of Organization or Entity
- Service address: _____
Street City Zip Code
- Mailing address: _____
Street City Zip Code
- Type of business: _____ Franchisee? Yes No
Complete description of goods or services rendered
- Number of years in business: _____ Business phone: _____ Fax number: _____
- Type of ownership: Sole Proprietor Partnership LLC LLP Corporation Public Agency Other
- If corporation, LLP or LLC list state where filed: _____ Year filed: _____
Copy of documents required
- Taxpayer ID number (EIN or SSN): _____ Business License number: _____
Copy of license required
- If business name is legal billing name, fictitious name file number: _____ Filing date: _____
- Address of corporate office or residence address if sole proprietor:

- Name and information for all corporate officers, partners, or sole owners:

_____	_____	_____	_____	_____
Name	Title	Phone	Driver's License & State	Date of Birth
_____	_____	_____	_____	_____
Name	Title	Phone	Driver's License & State	Date of Birth
_____	_____	_____	_____	_____
Name	Title	Phone	Driver's License & State	Date of Birth
- Contact for billing inquiries: _____
Name Title Phone **email address**
- Name of person completing form: _____
Name Title Telephone

Signature (required): _____	_____	_____
Owner or Corporate Officer	Driver's License number & State	Date of Birth
_____	_____	_____
Print Name	Title	Date

Note: In accordance with published MID regulations, supporting documents verifying the legal billing name may be required.