

Application for Non-Residential Electric Service

*** MID USE ONLY ***		
CSR Name:	Deposit Amount:	Additional Comments:
Account #:	Reason for waiving:	
Area:	CS Approved by: Date:	
Rental Agreement:	NAICS:	

Please fill out application completely, attach documents, sign and return to MID Customer Service.

Today's Date: _____	Service start date: _____
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1. Legal Billing name: _____
Legal Name of Responsible Party Or Corporation (see # below for fictitious filing details)

2. Doing business as (DBA): _____
Name of Organization or Entity

3. Service address: _____
Street City Zip Code

4. Mailing address: _____
Street City Zip Code

5. Type of Business: _____ NAICS #: _____
Complete description of goods or services rendered

6. Business phone: _____ Fax Number: _____

7. Type of ownership: Please circle one option below
Sole proprietor ... Partnership ... LLC ... LLP ... Corporation ... Public Agency ... Franchisee... Other ...

8. If corporation, list State where incorporated: _____ Year Filed: _____

9. Taxpayer ID Number (EIN or SSN): _____ Business license number: _____

10. If business name is legal billing name, fictitious name file number: _____ Filing Date: _____

11. Name, title and telephone numbers of corporate officers, partners, or sole owners:

Name	Title	Telephone

12. Contact Person for Billing Inquiry: _____
Name Title Telephone

13. Contact Person completing this form: _____
Name Title Telephone

14. Contact Person email address: _____

•Applicants will be subject to an online credit screening. A deposit equal to two times the estimated monthly average bill (minimum \$400) may be required to activate service.

•By applying for or accepting service, the company and its representatives agree to abide by all of the electric service requirements, rate schedules, and the rules and regulations of the District concerning such service (rules are available at mercedid.org).

Signature (required): _____
Owner or Corporate Officer ID verification: Driver License Number & State

Print Name _____ Title _____ Date _____

Note: In accordance with published MID rules, supporting document may be required.