

APPLICATION FOR COMMERCIAL UTILITY SERVICE

Estherville Municipal Utilities

2 North 7th Street
Estherville, IA 51334

P.O. Box 417
(712) 362-3574

Company Name: _____ Date of Application: _____
Service Address: _____ Date Service Desired: _____
Owner of Building: _____ Phone: _____

Company Address: _____ Date Organized: _____
_____ Federal I.D. #: _____

Banking Reference: _____ Do You Qualify For
_____ Exemption Of Sales Tax?
_____ Yes _____ No

Type of Customer:

Sole Owner:
Owner Name: _____ Phone: _____
Home Address: _____

Partnership
Partner Name: _____ Phone: _____
Home Address: _____
Partner Name: _____ Phone: _____
Home Address: _____

Corporation / Association / Institution
Date Incorporated: _____
Local Manager: _____
Officer's Name & Title: _____
Home Address: _____

Signatures of Authorized Persons:
Name & Title: _____
Name & Title: _____

\$ _____ Amount of Deposit Paid Account No. _____