



**Contract for Residential Service**  
2 FORMS OF IDENTIFICATION ARE NEEDED WHEN APPLYING FOR SERVICE

**PLEASE PRINT**

**Application for (select all that apply):** Electric \_\_\_\_\_ Cable \_\_\_\_\_ Internet \_\_\_\_\_ Telephone \_\_\_\_\_

**Name** (to appear on bill) \_\_\_\_\_

**Service Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
(if different from above)

**SSN** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver License #** \_\_\_\_\_

**Telephone** (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Marital Status** Married Single Divorced Widowed Separated  
(circle one)

**Spouse/Roommate/Co-Applicant Name** \_\_\_\_\_

**SSN** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver License #** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Do you rent or own the property?** Rent \_\_\_ Own \_\_\_ **If rent, who is your landlord?** \_\_\_\_\_

**If own, is the property being used for rental purposes?** Yes \_\_\_ No \_\_\_

**Do you or your spouse have electric service with BTES currently?** Yes \_\_\_ No \_\_\_ **Previously?** Yes \_\_\_ No \_\_\_

**What address are you moving from?** \_\_\_\_\_

**Do you want your current service turned off?** Yes \_\_\_ No \_\_\_ **If yes, when?** \_\_\_\_\_

I am requesting services at the above address and as a condition of BTES providing the services I understand the following: it shall be unlawful for me (1) to obtain or attempt to obtain by any fraudulent means or methods services with intent to avoid payment for the same; (2) to cause another to avoid such payment; or (3) assist another in avoiding such payment through the making of multiple applications for service at one address, or otherwise. I understand that any misrepresentation or omission in this application may result in termination of service.

For **RaceDay Center Condominiums**: the electricity furnished is approximately 120/208 volts and I shall pay an investment charge of \$16.00 monthly, the accrued amount of this charge shall be payable at least annually.

Based upon BTES extending credit to me by billing for my electric usage after I have already consumed it, I understand BTES may request a credit report from the local or national Credit Bureau.

I understand that if it is necessary to file suit to enforce this agreement, such action shall be instituted in Sullivan County, Tennessee, and that BTES' costs and reasonable attorney's fees shall be paid by me.

I understand that all the answers above are true and complete and are submitted for the purpose of obtaining services from BTES. I will be responsible for all charges for such services until BTES is notified in writing to the contrary and services are disconnected. I understand that such services shall be furnished, subject to the Rules and Regulations of BTES, as amended from time to time, copies of which are available to me at all times during business hours at the BTES office, 2470 Volunteer Parkway, Bristol, Tennessee.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 10/12

(OFFICE USE ONLY)

**Turn on date** \_\_\_\_\_ **T-on** \_\_\_\_\_ **Read** \_\_\_\_\_ **Location** \_\_\_\_\_

**Customer: Old** \_\_\_\_\_ **New** \_\_\_\_\_ **Member Sep#** \_\_\_\_\_ **SO#** \_\_\_\_\_

**Turn off date for old service** \_\_\_\_\_ **Member Sep#** \_\_\_\_\_ **SO#** \_\_\_\_\_

**Connection Fee: Paid** \_\_\_\_\_ **Billed** \_\_\_\_\_ **Credit Report** \_\_\_\_\_ **Deposit Amt** \_\_\_\_\_

**Guarantor's Name** \_\_\_\_\_ **Member Sep#** \_\_\_\_\_ **Guarantor#** \_\_\_\_\_

**Name Change** \_\_\_\_\_ **from:** \_\_\_\_\_ **Contract Required: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Uncollectible: Member Sep#** \_\_\_\_\_ **Amt** \_\_\_\_\_

**Temp Service** \_\_\_\_\_ **Temp Service Fee: Paid** \_\_\_\_\_ **Billed** \_\_\_\_\_ **Inspections: IAF** \_\_\_\_\_ **ITBAF** \_\_\_\_\_

**Grid** \_\_\_\_\_ **Transformer** \_\_\_\_\_ **Nearest Location** \_\_\_\_\_

**Customer Programs: Bank draft** \_\_\_\_\_ **LMB/BB** \_\_\_\_\_ **E-bill** \_\_\_\_\_ **Alerts** \_\_\_\_\_ **HYN** \_\_\_\_\_ **PPM** \_\_\_\_\_

**Completed by** \_\_\_\_\_