



Application for General Power Services

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) _____
 Your Name _____ Relationship to the business / Position _____
 Do you have the authority to execute contracts for the business? Yes _____ No _____
- Service Address _____
- Mailing Address (if different from above) _____
- Telephone (location) _____ (alternate) _____ Email _____
- How are premises to be used? _____
- If a business, what type? Proprietorship _____ Partnership _____ Corporation _____ Other (specify) _____
 SSN _____ Employer ID # / Taxpayer ID # (if different) _____
 Name of Principal(s) (proprietorship or partnership) _____
 Principal(s) Home Address(s) _____
- Is the property rented? Yes _____ No _____
 If yes, who is the landlord? _____ Please provide a copy of the lease or proof of occupancy
- Type of Structure: Building _____ Trailer _____ Other (specify) _____
 Type of Heat: Electric _____ Gas _____ Oil _____ Other (specify) _____
- Has your organization and/or the principal(s) had electric service with Bristol Tennessee Essential Services before?
 Yes _____ No _____ If yes, where? _____

BTES requires a deposit of two times the highest bill at the location at which you are applying. Deposit requirements must be met before an application will be processed. Deposits are refunded after the customer no longer has an account with BTES, at which time the last bill will be deducted. Any remaining balance will be billed/refunded to the customer. I certify that all the answers above are true and complete and are submitted for the purpose of obtaining services from BTES. I agree to be responsible for all charges for such services until BTES is notified in writing to the contrary and services discontinued. I understand and agree 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 online at www.btes.net or during business hours at BTES' office, 2470 Volunteer Parkway, Bristol, Tennessee.

Signature _____ Date _____
Printed Name _____ 01/15

(OFFICE USE ONLY)

Turn on date _____ T-on _____ Read _____ Location _____ Connection Fee: Paid _____ Billed _____
 Customer: Old _____ New _____ Member Sep# _____ SO# _____
 Contract Required: Yes _____ No _____ Contract Signed: Yes _____ No _____ Contract Set-up on Account: Yes _____ No _____
 Deposit Amt _____ Guarantor's Name _____ Member Sep# _____
 Guarantor# _____ Uncollectible: Member Sep# _____ Amt _____
 Turn off Date for Old _____ Member Sep# _____ SO# _____
 Temp Service _____ Temp Service Fee: Paid _____ Billed _____ Inspections: IAF _____ ITBAF _____
 Grid _____ Transformer _____ Nearest Location _____
 Customer Services: Bank Draft _____ E-bill _____ Alerts _____ Completed by _____