

675 North Marietta Parkway Marietta, Georgia 30060 (770) 794-5150 P (770) 794-5165 F

To apply for Commercial utility services, the following items must be submitted:

- Copy of Business License (in the event the Business License is not available, a copy of the Business License Application and paid Business License Application Receipt can be provided).
- 2. Front page of your Lease Rental Agreement.

This application can be can be submitted by fax to (770) 794-5165 or in person to our office at: 675 North Marietta Parkway, Marietta, Ga. 30060-Monday through Friday 8:00am – 5:00pm.

NOTE: Applications will not be processed until a deposit is paid. Please contact Customer Service at (770) 794-5150 to discuss in further detail.

| (7/0) 794-5150 F (7/0) 794-5105 F |
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| APPLICATION FOR COMMERCIAL UTILITY SERVICE |
| NAME OF BUSINESS: |
| SERVICE ADDRESS: |
| BILLING ADDRESS: |
| E-MAIL ADDRESS: |
| TYPE OF BUSINESS: CORPORATION \square PARTNERSHIP \square SOLE PROPRIETORSHIP \square OTHER \square |
| FEDERAL TAX ID#: HOW MANY SQUARE FEET? : |
| BUSINESS PHONE#: () |
| SERVICE(S) REQUESTED DATE SERVICE REQUESTED: |
| ELECTRIC \square WATER \square SEWER \square SANITATION \square SECURITY LIGHTS \square IRRIGATION \square |
| PRIVATE COMPANIES (PLEASE COMPLETE): |
| OWNER'S NAME: |
| ADDRESS:Phone# () |
| OWNER'S NAME: |
| ADDRESS:Phone#() |
| CORPORATIONS (PLEASE COMPLETE): |
| HOME OFFICE ADDRESS: |
| CITY STATE: ZIP: Phone# () |
| HAVE YOU HAD SERVICE WITH MARIETTA POWER BEFORE? YESNO |
| IF YES, WHAT ADDRESS? |
| I certify that I am the owner or authorized representative and in making this application for service I agree to abide by all rules and regulations of Marietta Board of Lights and Water. Under and in accordance with your policies and procedures and with modifications and additions as may from time to time be made, you are requested to supply said services at the within address, subject to discontinuance of utility service for non-compliance with the policies and procedures, or failure to pay in accordance with your billing regulations. Falsification of any of the above information may result in the discontinuance of utility service without future notice. I understand that failure to pay any final billing after any deposit refund will result in the account being submitted to collections. I will, as a result, incur all collection costs. I also understand that by signing this application I waive the right to accept electric service from another power provider. |
| NAMEDATE |
| SIGNATUREDATE |
| |
| FOR OFFICE USE ONLY: |
| Customer ID: Location ID: Connect Date: Deposit: Initials: |