



CENTRE WELLINGTON HYDRO LTD.

APPLICATION FOR CREDIT & CONTRACT FOR ELECTRIC SERVICE

METER #		Effective Date:	
Service Address			
Account	Customer	Class	S.I.C.
Registered Owner of Property (In Full):			
Billing Name:			Owner/Tenant
Spouse or Co-Habitant:			
Mailing Address			
Home Phone	Business Phone	Fax	
Applicant Employer:			
Spouse Employer:			
Identification			
Former Address		Account #:	
Deposit Amount: _____ # of Installments: _____ Installment Amount: _____			
Receipt #			
Medical Equipment in Use: Yes/No Type of Equipment: _____ Prescribed by Practitioner: Yes/No			
Administration Charge will be added to first Bill - \$30.00			
I hereby apply to the Centre Wellington Hydro Ltd. for electric service to be supplied to the above address. I request that the Centre Wellington Hydro Ltd. grant me credit and for the privilege of this credit, I agree to pay all bills in full when rendered.			
I agree to comply with conditions for service as established by this Commission or Provincial Statute.			
I acknowledge that the above information has been provided by me and is collected under the authority of the Public Utilities Act. This information will be used for establishing and maintaining an account for the supply of electricity, and for the normal business matters pertaining to this account.			
Print: _____ Signature: _____			
Notes:			