

La Grange Utilities Commission

412 E Jefferson St.

La Grange KY 40031

502-222-9325

APPLICATION FOR BUSINESS

Please complete and return with a \$_____ non-refundable origination fee and a \$_____ refundable deposit.

COMPANY NAME _____

Date _____ Federal I.D. # _____

Address-Street _____

Phone _____

Bill To address _____

City, State, Zip _____

Nature of Business _____

Contact Name _____

Phone _____

E-mail Address _____

By signing below, I ask that an account be opened by me. I will be bound by the Agreement received. If this is a corporate account, both I and the company agree to be liable for all charges.

If the service is disconnected for non-payment, the reconnection fee is \$50.00.

I have read the "rules and regulations" for customer service and agree to abide by them.

Signature of applicant _____ Date _____

Co-Applicant _____ Date _____

Complete only if Corporate Acct:

No. Years in Business _____

(Signature & Title of Authorizing Corporate Office)

Amount of origination fee _____

(Type of I.D. presented)

Signature of employee receiving origination fee