



posi@iveENERGY

Municipal Light & Power • 1200 E. 1st Avenue
P.O. Box 196094 • Anchorage, Alaska 99519-6094
Customer Service • (907) 263-5340 or (888) 999-5340
Fax (907) 277-9272 • www.mlandp.com

Application for Business Account

Today's Date: _____ Desired Start Date: _____

- New Account** – Application to establish a new business account
- Existing Account** – Application to add additional service locations or update a business account

CUSTOMER BILLING INFORMATION

Applicant's Name: _____
Legal Name of Applicant

Business Name/DBA(s): _____
Legal Name of Business

Mailing Address: _____
Street Address or P.O. Box City State Zip

Contact Person: _____ Contact's Telephone Number: _____

Business Telephone #1: _____ Business Telephone #2: _____ Business Telephone #3: _____

Fax Number: _____ Pager Number: _____ E-mail: _____

SERVICE LOCATION INFORMATION

Physical Service Address: _____
Street Address Unit/Suite Number

Own Rent/Lease _____ Telephone Number: _____
Landlord/Realty Company/Management Company's Name

BUSINESS INFORMATION

Type of Business: _____ Business License: _____ Federal ID: _____

Sole Proprietorship

Name of Proprietor Driver's License Number Social Security Number

Corporation* **LLC*** **Government** **Partnership** * Must Provide Corporate Guarantee

Name Title Driver's License Number Social Security Number

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AGREEMENT

I agree to comply with Municipal Light & Power's regulations and tariffs as amended. I certify that I am the owner, lessee, or tenant of the premise where the service has been applied. I agree to provide safe and unobstructed access to premises for Municipal Light & Power employees, pay applicable rates and abide by the terms and conditions as prescribed by the tariff for all present and future utility service. Acceptance of this application by the Municipality of Anchorage constitutes a contract between the Municipality and the applicant, to include partners, which will continue until termination of the said service.

The conditions under which a deposit will be required or waived are set forth-in Municipal Light & Power's operating tariff. The applicant declares the information provided is true, accurate, and complete to the best of the applicant's knowledge and belief. The information contained in the application has been voluntarily submitted for the purpose of receiving electric service, and is understood upon presentation, this application becomes the property of the Municipality.

SIGNATURE

Sole Proprietor/Partnership Signature

Printed Name of Sole Proprietor/Partner

Corporate Representative's Signature & Title

Printed Name of Corporate Representative & Title

AUTHORIZED PARTIES

Please indicate below the name(s) of persons authorized to transact business on this account (in addition to partners).

OFFICE USE ONLY

Requested Date of Service		Advised Customer of Most Economical Class Of Service? <input type="checkbox"/> Y <input type="checkbox"/> N
Check ALPHA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Separator Number	<input type="checkbox"/> PAID _____ Service Representative's Name <input type="checkbox"/> TO BE BILLED Connect Fee \$ _____ Deposit \$ _____ TOTAL \$ _____
Rate	Location Number	
Is Power On? <input type="checkbox"/> Yes <input type="checkbox"/> No	Meter Number	
Access Information		