



NEW CUSTOMERS

PLEASE PROVIDE ADDRESS OF YOUR NEW BUSINESS LOCATION: _____
WHAT DATE DO YOU WANT TO START ELECTRIC SERVICE? _____

EXISTING CUSTOMERS

PLEASE PROVIDE YOUR EXISTING ADDRESS: _____
DO YOU WANT TO STOP SERVICE AT YOUR EXISTING ADDRESS? YES NO IF YES, AS OF WHAT DATE? _____
WHAT IS THE NEW SERVICE ADDRESS? _____
WHAT DATE DO YOU WANT TO START SERVICE AT THE NEW ADDRESS? _____

SECTION I

IF YOUR BUSINESS IS A PARTNERSHIP, CORPORATION, LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP COMPLETE SECTION I

WA STATE REGISTERED BUSINESS NAME _____
UNIFIED BUSINESS IDENTIFIER # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE _____ CELL PHONE _____ FAX _____

LIST THE PRINCIPALS, PARTNERS, MEMBERS, MANAGERS OR GOVERNORS

NAME (LAST, FIRST) _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE _____ CELL PHONE _____ FAX _____

NAME (LAST, FIRST) _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE _____ CELL PHONE _____ FAX _____

NAME (LAST, FIRST) _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE _____ CELL PHONE _____ FAX _____

SECTION II

IF YOUR BUSINESS IS A SOLE PROPRIETORSHIP COMPLETE SECTION II

NAME (LAST, FIRST) _____
SOCIAL SECURITY NUMBER _____
DOING BUSINESS AS _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE _____ CELL PHONE _____ FAX _____

SECTION III

ALL APPLICANTS - INITIAL ONE OF THE FOLLOWING OPTIONS INDICATING WHO YOU AUTHORIZE BENTON PUD STAFF TO RELEASE ACCOUNT INFORMATION TO WHEN CONDUCTING BUSINESS

- _____ ● I DO NOT AUTHORIZE BENTON PUD TO RELEASE ANY INFORMATION REGARDING MY ACCOUNT(S) TO ANYONE OTHER THAN THE RESPONSIBLE PARTY, PRINCIPALS, PARTNERS, MEMBERS, MANAGERS OR GOVERNORS LISTED ABOVE; OR,
- _____ ● ANY OF MY EMPLOYEES OR A THIRD PARTY CAN DISCUSS THE ACCOUNT(S) WITH BENTON PUD CUSTOMER SERVICE STAFF, AS LONG AS THEY CAN PROVIDE A UNIQUE ACCOUNT IDENTIFIER WHEN ASKED, SUCH AS THE MAILING ADDRESS, TELEPHONE NUMBER, FAX NUMBER OR UNIFIED BUSINESS IDENTIFIER (UBI); OR,
- _____ ● I AM AUTHORIZING BENTON PUD CUSTOMER SERVICE STAFF TO RELEASE MY ACCOUNT(S) INFORMATION TO ANY INDIVIDUAL OR THIRD PARTY LISTED BELOW:

NAME(S) OF AUTHORIZED INDIVIDUAL OR PARTY _____

DATE(S) THIS AUTHORIZATION IS IN EFFECT _____

SECTION IV

ALL APPLICANTS - INITIAL EACH SECTION TO ACKNOWLEDGE YOU HAVE READ THE INFORMATION BELOW

- _____ ● BENTON PUD MAY REQUIRE A DEPOSIT FOR ELECTRIC SERVICE. THE DEPOSIT MAY BE WAIVED IF ANY ONE OF THE FOLLOWING EXEMPTION CRITERIA IS MET:
 - APPLICANT HAS AT LEAST 24 MONTHS OF SATISFACTORY CREDIT HISTORY WITH BENTON PUD, WITHIN THE PAST 3 YEARS FOR AN ACCOUNT OF A SIMILAR BUSINESS NATURE
 - A LETTER OF REFERENCE IS PROVIDED FROM ANOTHER ELECTRIC UTILITY REFLECTING SATISFACTORY CREDIT HISTORY FOR AT LEAST 24 MONTHS, WITHIN THE PAST 3 YEARS. THE LETTER MUST REPRESENT AN ACCOUNT IN THE SAME NAME AS THE BUSINESS APPLICANT FOR A BUSINESS OF SIMILAR NATURE
 - IN THE CASE OF A SOLE PROPRIETORSHIP, AN ACCEPTABLE INDIVIDUAL CREDIT RATING OR AT LEAST 24 MONTHS OF SATISFACTORY PAYMENT RECORD WITH BENTON PUD
- _____ ● CUSTOMERS WHO HAVE A PROJECTED EXPOSURE TO BENTON PUD OF MORE THAN \$75,000 MAY BE SUBJECT TO THE LARGE CUSTOMER CREDIT POLICY AND MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION TO DETERMINE CREDIT WORTHINESS. PLEASE REFER TO THE CUSTOMER SERVICE POLICIES FOR MORE INFORMATION.
- _____ ● WHEN SIGNING UP FOR SERVICE AT A NEW LOCATION, A START SERVICE FEE WILL BE ADDED TO THE FIRST MONTHLY BILL.
- _____ ● BENTON PUD POLICIES AND RATES ARE APPROVED BY BENTON PUD COMMISSIONERS AND ARE THE GOVERNING DOCUMENTS UNDER WHICH CUSTOMERS RECEIVE ELECTRIC SERVICE FROM BENTON PUD. THE POLICIES CAN BE FOUND AT WWW.BENTONPUD.ORG.

I HEREBY REPRESENT AND WARRANT THAT I AM AUTHORIZED TO SIGN THIS DOCUMENT ON BEHALF OF THE APPLICANT. I ACKNOWLEDGE THAT SIGNING WITHOUT AUTHORIZATION MAY CREATE PERSONAL RESPONSIBILITY FOR ME UNDER THIS CONTRACT.

PRINT NAME _____

SIGNATURE _____

DATE _____

PLEASE FAX COMPLETED APPLICATION TO 509-582-1295 OR MAIL TO BENTON PUD, P.O. BOX 6270, KENNEWICK, WA 99336 OR EMAIL TO CUSTOMERSERVICE@BENTONPUD.ORG