



# MT. WHEELER POWER

<b>Application Date:</b> _____		<b>Date Service is to be Connected/Transferred:</b> /    /		<b>Service Address:</b> _____	
<b>Business Name:</b> _____		<b>Tax ID #</b> _____-_____-_____		For internal use only: Member # _____ Signed W9 _____	
<b>Contact Information:</b> Business phone # _____  Fax # _____		<b>Mailing Address:</b> _____  City _____ State _____ Zip Code _____			
Email _____@_____		Business Type (please check one) Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> _____		For internal use only:  Verified at <a href="http://www.nvsos.gov">www.nvsos.gov</a> _____	
Website: _____					
<b>Name &amp; Address of Credit Reference (Please provide 3)</b>					
1. _____					
2. _____					
3. _____					
Deposit Quote: \$ _____ Payment options: <input type="checkbox"/> Full Payment <input type="checkbox"/> 1/2 payment with 2 weeks promissory <input type="checkbox"/> Credit Check _____ \$45.00 (Initials)				For internal use only	
Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card				Credit Rating: _____ %	
<b>Name of Authorized Signing Officer:</b> _____ (Please print)		Telephone #: Cell Phone #: Work Phone#: Email: _____@_____		Social Security # _____-_____-_____ (for sole proprietor only)	
<b>Signing Officer's Business Status:</b> <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other _____		Has this business had service with Mt. Wheeler before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If 'yes', what name was the account in? _____		<b>One form of ID Required:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <b>One form of Corporate ID Required:</b> <input type="checkbox"/> IRS Letter <input type="checkbox"/> Proof of Tax ID	
Everything that I have stated on this application is correct I (we) Authorize Mt. Wheeler to check the credit and employment history at any time deemed necessary		<b>Authorized Signing Officer Signature:</b>  _____ Date: _____			
Deposits are applied to any unpaid bills for electric service when electric service is discontinued. Upon discontinuance of service, Mt. Wheeler will refund the members deposit or the balance in excess of unpaid bills. After you have had service for 12 consecutive months, paid bills for electric service on the average within 20 days after presentation, Mt. Wheeler will refund the deposit including interest except for LLC's. Mt. Wheeler Power will pay interest on deposits at the rate set by law from the date of deposit until the date of settlement or refund of deposit. Interest will also be credited to your bill quarterly.					

