



CONTINENTAL DIVIDE

AN ENERGY & TELECOMMUNICATIONS COOPERATIVE

Business Application for Service

10/24

Name of Company: _____

Owner No. 1 Information: _____

Last Name First Name M.I. Home Phone Cell Phone

Social Security Number State I.D. or Driver's License Number Census Number (if applies)

Owner No. 2 (if applies): _____

Last Name First Name M.I. Home Phone Cell Phone

Social Security Number State I.D. or Driver's License Number Census Number (if applies)

Mailing Address (for billing) City State Zip Code

Physical Address of Location to be Connected City State Zip Code

Type of Business: _____

State of Incorporation: _____ Tax Identification Number: _____

Bank Reference: _____

If business is a corporation, please list name of CEO: _____

If business is a partnership, please list names of partners: _____

The undersigned hereby acknowledges request for electric service as stated on this form and assumes full responsibility for prompt payment of billings as they become due and collections fees if any. A copy of the bylaws, terms and conditions of service have been received.

Signature

Date