



Copy of
Driver's License

OFFICE USE:
INITIALS _____
ACCOUNT # _____
SECURITY DEPOSIT _____
SERVICE CHARGE _____
WATER _____
SEWER _____
ELECTRIC _____

COMMERCIAL SERVICE

****MUST HAVE 1 BUSINESS DAY****

Service Address: _____ Start Service ___/___/___

Apt or Unit # _____ Salem VA 24153

Account Holder Information (One Person on Lease or Deed): **(Check one)** Leasing _____ Purchasing _____

Business Name: _____ DBA (If Applicable): _____

Tax Identification Number: _____

Office Phone Number: (_____) _____ Cell Phone Number: (_____) _____

Email Address: _____

Owner: _____ Owner Phone: (_____) _____

Emergency Contact Name: _____ Phone Number: (_____) _____

Property Owner (If Leasing Property)

Name _____ Phone Number (_____) _____

Previous Address

Are You Moving from an Address in Salem? Yes ___ No ___ **If Yes, List the Address:** _____

Account Number _____ Salem, VA 24153

Do You Want to Schedule a Date to Disconnect? Yes & Date _____ No ___ Will Call Later to Disconnect _____

I Give Permission to the Following Person(s) to discuss my account:

Name: _____ Relation: _____ Phone (_____) _____

Name: _____ Relation: _____ Phone (_____) _____

Name: _____ Relation: _____ Phone (_____) _____

Mailing Address if Different from Service: _____

State _____ Zip Code _____

Signature

Date _____