



## Application for General Service Accounts

(Over 50KW requires a power contract)

Customer # \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Authorized Personnel:

Name	Position	SS#	Phone
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1)	_____	_____	_____
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2)	_____	_____	_____
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Address for bills to be mailed to:

\_\_\_\_\_

Address for Correspondence to be sent if different:

\_\_\_\_\_

Company Federal ID# \_\_\_\_\_

Accounts payable contact person:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ email \_\_\_\_\_

By signature below, I certify that I am an authorized agent for the above named entity and that the entity will abide by the Rules and Regulations of Newport Utilities. I further certify that the entity named above must provide a written termination notice at least 90 days prior to termination of service.

Authorized signatures:

\_\_\_\_\_

\_\_\_\_\_

Form of deposit:  Letter of Credit  Surety Bond  Cash  
 TVA Secured  Other

This institution is an equal opportunity provider. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Washington, DC 20250-9410.