



ACCOUNT# _____

DEPOSIT: _____

700 7th Ave NE • Independence, IA 50644 • PHONE: 319-332-0100 • FAX: 319-332-0101 • www.indytel.com • support@indytel.com

Application for Business Electric Service

Date: _____

Date to Read In: _____

Business Name: _____

Contact Name: _____ Contact Phone #: _____

Email Address for Contact Person: _____

Federal ID #: _____

Tax Exempt: Yes or No If Yes, Tax Exempt # _____

Service Address: _____

If renting: Landlord's name & address _____

Mailing Address (if different from service address):

Person Responsible for paying the energy bill and their mailing address:

Name and address of your previous utility provider where you received service for the past 12 months:

The undersigned hereby agrees to be financially responsible for the payment of bills presented for utility service provided by Independence Light & Power, Telecommunications.

PLEASE NOTE: A deposit or Letter of Credit will be required before service is provided.

Applicant's Signature

Date

July 2017