



ACCOUNT# \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

700 7<sup>th</sup> Ave NE • Independence, IA 50644 • Phone: 319-332-0100 • Fax: 319-332-0101 • [www.indytel.com](http://www.indytel.com) • [support@indytel.com](mailto:support@indytel.com)

### Application for Business Utility Service

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Date: \_\_\_\_\_ Date to Read In: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Tax Exempt: Yes or No If Yes, Tax Exempt # \_\_\_\_\_

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

Owner/Landlord/Manager of Service 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:  
\_\_\_\_\_

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***The undersigned warrants that the information on this application is true, provided without intentional omission.  
Please note: A deposit or Letter of Credit will be required before service is provided.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date