

St. Thomasenergyinc.

We're Your Local Power Distributor

Service Agreement

Please Print

Name of Account Holder:	
Move In Date:	Security Deposit:
Account Number:	
Name of the Principal/Owner(s):	

Service Address:	Unit #:
Phone #:	Fax #:

Mailing Address:	Unit #:	
City:	Province:	Postal Code:
E-mail address:		
****CONTACT INFORMATION FOR EMERGENCY USE must be completed****		
Home Address:	Unit #:	
City:	Province:	Postal Code:
Phone #:	Fax #:	
I.D. (Drivers license, SIN #)		

****Business Property Information****	
Type of business: (Limited company, partnership, franchise, etc)	
Are you the property owner?	
If not, please provide name & contact information for the owner:	
Building access - business hours	Key provided?
Microfit account? Y / N	

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with this application for utilities or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

It is St. Thomas Energy Inc.'s courtesy to accept a key to your business in order to access our meters located within the property. Please inquire as to how this may affect you at your new business.

The undersigned certifies the above information to be true and agrees to pay all accounts upon receipt, and further agrees to personally guarantee the payment of all monies which shall become due to the St. Thomas Energy Inc. from the above named business. A late payment charge is applicable to overdue electric and water charges.

All costs incurred by the authorized collection agent of the St. Thomas Energy Inc. will be billed to the customer/guarantor.

Print Name: _____ Signature: _____
Title: (Owner, President, Etc.) _____ Date: _____