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ACCT #

## EPCOR Electricity Distribution Ontario Inc.

ELECTRICAL ENERGY AND/OR WATER SERVICE CONTRACT APPLICATION FORM

43 STEWART ROAD, COLLINGWOOD, ONTARIO L9Y 4M7 • TEL: 705-445-1800 • FAX: 705-445-8267 • EMAIL: <u>Moves.Ontario@epcor.com</u> • WEB: EPCOR.COM (PLEASE PRINT CLEARLY IN ALL APPLICABLE SECTIONS AND CAREFULLY READ THE TERMS AND CONDITIONS BEFORE SIGNING)

SECTION A Re	quired Custome	r Information					
OWNER(S)	TENANT(S)	BUSINESS - COMPLETE A & B	SERVICE STAR	T DATE			
1. CUSTOMER NAME				D.O.B.	MONTH	DAY	YEAR
SERVICE ADDRESS	First	Middle	Last	TOWN	MONTH	DAY	YEAR
MAIN PH #		ALT PH #		POSTA	L		
EMPLOYER			DRIVERS	CODE			
			LIC. #				
	-						
LANDLORD/LAWYER NAM	ЛЕ	L	ANDLORD/LAWYER PH #	1			
2. CUSTOMER NAME (IF APPLICABLE)	First	Middle	Last	D.O.B	3.		
MAIN PH #	FIISL	ALT PH #	Lasi		MONTH	I DAY	YEAR
EMPLOYER			DRIVERS				
EMAIL			LIC #				
* MAILING ADDRESS IF	DIFFERENT FROM SE	RVICE ADDRESS					
* ADDRESS				* 00074			
* TOWN	· / D · ·	PROV.		* POSTA CODE	AL.		
SECTION B R		Information PARTNERSHIP	CORP	BUS REG	<b>~</b> #		
COMPANY/BUSINESS NAM			CONF	DUS KEU	J #		
BUSINESS CONTACT 1			DOCITION				
	First	Last	POSITION				
PHONE		EMAIL					
BUSINESS CONTACT 2			POSITION				
PHONE	First	Last EMAIL					
SECTION C Terms & Conditions PLEASE READ ALL OF THE INFORMATION CAREFULLY.							
I/We hereby request EPCOR Electricity Distribution Ontario Inc. and/or the Town of Collingwood Water (UTILITY) to supply the service							
indicated to the service address shown which will will not be occupied by the customer. I/We further agree:							
1. to pay UTILITY rates in regards to supply, any required security deposit and change of occupancy fee. These rates are subject to change as approved by the applicable Government agencies.							
<ol> <li>to UTILITY making credit checks when required</li> <li>that an interest charge may apply to invoices not paid by the due date and all amounts are collected in accordance to UTILITY's collection policies.</li> </ol>							
<ol> <li>that UTILITY reserves the right to discontinue service on all overdue accounts and shall not be held liable for any resulting damage.</li> <li>that UTILITY will endeavor to ensure bills are accurate and reserve the right to adjust billing when necessary.</li> </ol>							
<ul><li>6. that this contract is binding until cancelled by the customer with notice and in accordance with the applicable conditions of service.</li><li>7. that this agreement is binding upon my/our successors or assigns.</li></ul>							
<ol> <li>to abide by UTILITY's conditions of service and other related rules, policies and regulations.</li> <li>that UTILITY's assets located on the customer's premises are under the customer's care and that the customer shall compensate UTILITY for any</li> </ol>							
damage or loss of these assets unless caused by circumstances, as determined in UTILITY's sole discretion, to have been beyond the customer's control.							
10. that customer's use of UTILITY's service is determined by meter readings. In case of failure of meter, UTILITY may estimate for the applicable time period.							
<ol> <li>that UTILITY may undertake legal proceedings against the customer for unlawful use of service.</li> <li>if this application includes a request to receive water/wastewater services from the Town of Collingwood and the applicant does not own the</li> </ol>							
property, the property owner must be added as a secondary account holder. The applicant consents that the UTILITY may release information to the property owner for collection purposes and to manage the services provided.							
SECTION D Authorization							
TO BE SIGNED BY ALL THOSE NOTED IN THE NAME AREA OF SECTIONS A AND/OR B. DECLARATION: I/We have read and understand the terms and conditions and hereby swear that the information provided is true and accurate to the best of my/our knowledge and acknowledge that supply may be discontinued without further notice if any information is found to be false.							
Customer 1	age and dennowledge life	Cappy may be alsoonanded will		Date			
					MONTH	DAY 5	YEAR
Customer 2				Date	MONTH	5 DAY	YEAR
	SHAD	ED AREA TO BE COMPLETED BY	OFFICE STAFF	UL	-	тои	TIER

DEPOSIT AMOUNT

CUST #