## Commercial/Non-Residential Account Contract



() Electric       () Gas       () Other (Unmetered service)         Credit Information (To be completed by the customer)         Type of Business       () Proprietorship       () Partnership       () Corporation       Registered at (Country and State)         Assumed Name or DBA       Registered at (Country and State)         Assumed Name or DBA       List the Proprietor, Partners or Officers Below:         Name       Title       Home Address       Home Telephone No.       SSN (required for Partnership or Proprietorship)       Federal Tax ID (required for Corporation or LLC)         Image: Structure of the proprietor of the completed by the customery       SSN (required for Partnership or Partnership or Partnership or Proprietorship)       Federal Tax ID (required for Corporation or LLC)         Image: Structure of the proprietor of the completed by or the proprietor research or the completed by the customer service is the completed by the customer service is the customer service or the customer service is the customer will be required to pay cash deposit if payments on the account are not received prompty, and there is not already a deposit on file.         Image: The customer will be required to pay cash deposit if payments on the account are not received prompty, and there is not already a deposit on file.         Image: The customer will be required to pay the bills rendered and/or a required deposit in full will result in termination of service.         Image: The customer will be required to pay cash deposit for payment (3) business days of its intenti			Fo	or Office Use							
Account Number (Update or Vacant Acct. No.)       Beginning Date of Account         Mailing Address       Mailing City       Mailing State       Mailing Zip Code         Mailing Name       Type Of Business       SIC Code         Telephone No.       Alternate Phone No.       DTE Representative       Location         Constraint       Constraint       Constraint       Location         Spe Of Service       Credit Information (To be completed by the customer)       For Office Second at (Country and State)         Type of Business       () Proprietorship       () Partnership       () Corporation       Registered at (Country and State)         Assumed Name or DBA       Registered at (Country and State)       Federal Tax ID (required for Partnership or Proprietorship)       Federal Tax ID (required for Coporation or LLC)         Name       Trile       Home Address       Home Telephone No.       SN (required for Coporation or LLC)         Its the Proprietor, Partners or Officers Below:       SN (required for Coporation or LLC)       Federal Tax ID (required for Coporation or LLC)         Its use of the present of all partnership or providue Non-Residential accounts.       Federal Tax ID (required for Coporation or LLC)         Its use of the present () Electric () Gas       Address:       Electric () Gas       Address:         The customer will be responsible for payment of all billings for payments on the aco	Site Address Bldg/Floor/Room			Site City/Village/Township	Site Zip Code						
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Customer's Signature (Responsible Party)	this regulatory body.										
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## Commercial/Non-Residential Account Contract



		Fe	or Office Use						
Site Address Bldg/Floor/Room		Site City/Village/Townshi	Site Zip Code						
Legal Name of Company	Assumed Name (DBA)								
Account Number (Update	Beginning Date of Account								
Mailing Address			Mailing City		Mailing State	Mailing Zip Code			
Mailing Name			Type Of Business	Type Of Business					
Telephone No. Alternate Phone No.			DTE Representative			Location			
Type Of Service () Electric	()Gas (	) Other (Unmeter	ed service)						
	(	Credit Information (To	o be completed by the cus	tomer)					
Type of Business () Proprieto	rship <b>()</b> Partnershi	p () Corporatio	on Registered at (	Country	y and State)				
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		List the Proprieto	r, Partners or Officers Below	/:					
Name	Title	Home Address	Home Telephone No	Par	N (required for tnership or prietorship)	Federal Tax ID (required for Corporation or LLC)			
List your other present and	l d previous Non-Residential	accounts.							
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Customer's Signature (R			Date						
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Title			Social Security No.		Drivers License No.				
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