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 | | | | | | |
| Mailing Address Mailing City Mailing State Mailing Zip Code Mailing Name Type Of Business SiC Code Telephone No. Atemate Phone No. DTE Representative Location Fype Of Service () Electric () Gas () Other (Unmetered service) | Legal Name of Company of | Assumed Name (DBA) | | | | | | | | | |
| Mailing Name Type Of Business SIC Code Telephone No. Atemate Phone No. DTE Representative Location Type Of Service | Account Number (Update | Beginning Date of Account | | | | | | | | | |
| Telephone No. Alternate Phone No. DTE Representative Location Type Of Service () Gas () Other (Unmetered service) | Mailing Address | | | Mailing City | Ν | lailing State | Mailing Zip Code | | | | |
| Type Of Service <pre></pre> | Mailing Name | | | Type Of Business | ype Of Business | | | | | | |
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| Type of Business () Proprietorship () Partnership () Corporation Registered at (Country and State) Assumed Name or DBA Registered at (Country and State) | Type Of Service () Electric | ()Gas (|) Other (Unmeter | ed service) | | | | | | | |
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| Image: Service will be delivered under the current rates and rules as approved by the Michigan Public Service Commission and subject to changes as ordered by this regulatory body. Date Province Signature (Responsible Party Social Security No. Date Prive Signature Witnessed By: Anount Paid Date Paid Arrangements Poposit Amount Amount Paid Date Paid Arrangements () Yes Partnership or Prive Signature Witnessed By: Address Address | | | List the Proprieto | r, Partners or Officers Below: | | | | | | | |
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| Customer's Signature (Responsible Party) | The customer will be readed. The customer understance. The customer agrees to arrangements for access service that occurs and | equired to pay cash depo ands that failure to pay th o notify DTE Energy by p ss to the meter. If you f d will continue to be billed | sit if payments on the a e bills rendered and/or hone within three (3) b ail to notify DTE Energ I for such service until v | account are not received pron a required deposit in full will usiness days of its intention t y or provide access to the me which time actual termination | nptly, an result in o termin eter, you occurs. | d there is not alread termination of servi ate service. The cu will continue to be | dy a deposit on file. ce. ustomer must make suitable responsible for the utility | | | | |
| Customer's Signature (Responsible Party) | this regulatory body. | | | | | | | | | | |
| Title Social Security No. Drivers License No. Signature Witnessed By: Address For Office Use Deposit Amount Amount Paid Date Paid Arrangements () Yes | Customer's Signature (Res | sponsible Party) | | | | Date | | | | | |
| Signature Witnessed By: Address For Office Use Deposit Amount Amount Paid Date Paid Arrangements () Yes | | esponsible Party | | Social Security No. | | | | | | | |
| For Office Use Deposit Amount Amount Paid Date Paid Arrangements () Yes | | | | | | | | | | | |
| Deposit Amount Amount Paid Date Paid Arrangements () Yes () No | orginature Williesseu Dy. | | | | | | | | | | |
| | Deposit Amount | Amount Paid | | | | Arrangements | | | | | |
| | Credit Analyst | | | | | | | | | | |

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 () Partnershi | p () Corporatio | on Registered at (| Country | y and State) | | | | |
| Assumed Name or DBA Registered at (Country and State) | | | | | | | | | |
| | | 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. | | | | | | | |
| () Present | () Electri | ic () Gas | Address: | | | | | | |
| () Previous-Last Ye | ar () Electri | ic ()Gas | Address: | | | | | | |
| The customer will be The customer unders The customer agrees arrangements for according | required to pay cash depo stands that failure to pay the s to notify DTE Energy by p cess to the meter. If you f | sit if payments on the a e bills rendered and/or hone within three (3) b ail to notify DTE Energ | at the address on this contra account are not received pro a required deposit in full wil pusiness days of its intention by or provide access to the m which time actual termination | omptly, a I result ir to termi neter, yo | nd there is not alrea n termination of serv nate service. The c u will continue to be | ady a deposit on file. vice. customer must make suitable | | | |
| Service will be delive this regulatory body. | red under the current rates | and rules as approved | d by the Michigan Public Ser | vice Co | mmission and subje | ect to changes as ordered by | | | |
| Customer's Signature (R | | | Date | | | | | | |
| Print Customer's Name (| Responsible Party | | <u> </u> | | | | | | |
| Title | | | Social Security No. | | Drivers License No. | | | | |
| Signature Witnessed By: Address | | | | | | | | | |
| For Office Use Deposit Amount Amount Paid Date Paid Arrangements | | | | | | | | | |
| Deposit Amount | Amount Paid | Amount Paid | | | Arrangements () Yes () No | | | | |
| Credit Analyst | | | | | ate | | | | |