

Jackson Energy Authority Commercial/Industrial Service Application

Account # _____



Jackson Energy Authority
One thing you can count on.

Company Name _____

Service Address _____ City, State, Zip _____

Billing Address _____ City, State, Zip _____

Contact Person, Title _____

Contact Person, Phone No. _____

Company Phone No. _____ Federal I.D.# _____ Tax Exempt # _____

Designated Agent for Acceptance of Service _____

Designated Agent's Social Security No. _____ Drivers License # _____

Officer Names _____

Address _____

Phone _____

Type of Business: _____ Sole Proprietorship _____ Joint Proprietorship (Partners) _____ Non-profit _____ Corporation
_____ Limited Liability Corporation (LLC) _____ Limited Partnership _____ Other

The undersigned hereby makes application for the utility services and agrees to pay for said services as measured by the Jackson Energy Authority meters according to rates applicable. The applicant agrees to permit authorized agents of the Jackson Energy Authority free access to the premises of the consumer for the purpose of inspecting, reading, repairing or removing property of the Jackson Energy Authority. The applicant agrees to provide Jackson Energy Authority copies of current and past financial statements and tax returns if requested by Jackson Energy Authority. The applicant agrees that any cost involved in collection of past due balances on this account including, but not limited to, collection agency fees, attorney fees and court costs will be paid by the applicant.

The Jackson Energy Authority shall have the right, but shall not be obligated to inspect any installation before Electric, Gas, Water and/or Wastewater service is introduced, or at any time, and reserves the right to reject any wiring, piping or appliances not in accordance with Jackson Energy Authority Standards, but such inspection or failure to inspect or reject shall not render Jackson Energy Authority liable or responsible for any loss or damage resulting from defects in the installation, wiring, piping or appliances. Or from violation of the Jackson Energy Authority's Rules and Regulations, now in force or as may hereafter be adopted, or from accidents which may occur upon customer's premises.

The applicant agrees that this application is subject to the Jackson Energy Authority's Rules and Regulations, now in force or as may be adopted, copies of which are open for inspection at the business office of the Jackson Energy Authority; and that such Rules and Regulations are a part of the agreement and incorporated herein by reference. By signing below the applicant agrees and warrants that applicant is an officer and agent of the above mentioned company and duly authorized to sign on behalf of company.

Authorized Signature

Jackson Energy Authority Representative

Date

CPNI "Opt-In" Protection Request

I give my permission for the use of my Customer Proprietary Network Information (CPNI) by JEA for those uses specifically permitted with my consent. I have been provided a copy of the notification of my rights concerning release of my CPNI, and I understand my rights under Federal CPNI rules. I understand I may limit or revoke this authorization at any time upon proper written notice to JEA.

Customer Name _____ Account Number _____

Address _____

Customer Signature _____ Date _____