



APPLICATION FOR INSTALLATION OF LIGHTS

DATE: _____

CUSTOMER NAME:		CUSTOMER CONTACT:	
SERVICE ADDRESS:			
DO YOU HAVE AN EXISTING ACCOUNT?	<input type="checkbox"/> NO <input type="checkbox"/> YES, ACCOUNT NAME & NO.:		
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PERMANENT
TYPES OF PREMISES (PLEASE CHECK ONE)			
<input type="checkbox"/> 200 WATT LIGHTS	\$200.00 INSTALLATION	\$20 PER MONTH ENERGY & MAINTENANCE	
<input type="checkbox"/> 400 WATT LIGHTS	\$518.00 INSTALLATION	\$36 PER MONTH ENERGY & MAINTENANCE	
<input type="checkbox"/> 1000 WATT LIGHTS	\$443.00 INSTALLATION	\$80 PER MONTH ENERGY & MAINTENANCE	
FOR INTERNAL USE ONLY			
<input type="checkbox"/> PRIVATE HOME	<input type="checkbox"/> OFFICE BLOCK	<input type="checkbox"/> STORAGE YARD	
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GAS STATION	
<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> SHOPS	<input type="checkbox"/> PLAY FIELD	
DIRECTION OF LIGHT:			
I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.			
_____ PRINT NAME AND SIGN/DATE:			
FOR INTERNAL USE ONLY			
CHECKLIST:			
<input type="checkbox"/> REQUEST A PHOTOCOPY OF IDENTIFICATION (e.g., NIS CARD, DRIVER'S LICENSE, OR PASSPORT) NO.: _____			
<input type="checkbox"/> CONDUCT CLEARANCE CHECK			
<input type="checkbox"/> ENSURE APPLICATION FORM IS FULLY COMPLETED			
CUSTOMER SERVICE REPRESENTATIVE: _____			DATE: _____

CONTACT INFORMATION

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