



OFFICIAL USE ONLY:

ACCOUNT #:

ROUTE:

RECEIPT#:

**APPLICATION AND AGREEMENT
FOR SUPPLY OF ELECTRICITY**

Date Service Required: ___/___/___
DD MM YY

NOTE: DATES AVAILABLE ARE MONDAY THROUGH FRIDAY, 8:30AM TO 2:30PM EXCLUDING HOLIDAYS. A REQUEST DATE MAY BE CHANGED UP TO TWO (2) WORKING DAYS TO COINCIDE WITH AN EXISTING REQUEST OR IF THE DATE IS NOT A NORMAL WORK DAY CONNECTION OF NEW SERVICE WILL BE DONE WITHIN TEN (10) WORKING DAYS AFTER APPLICATION WAS SUBMITTED. EXISTING METRE CONNECTION WILL BE DONE WITHIN TWO (2) WORKING DAYS AFTER APPLICATION WAS SUBMITTED.

If you are a previous or existing customer, please state customer account number(s):

Individual Sections

Name:		
Mailing Address:		
Email Address:		
Telephone (Home):	(Work)	(Cell)
Owner Occupied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation:		
Employed by:		

Corporate Section

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Strata Corporation
Name of Business:			
Mailing Address:			
Email Address:			
Telephone(s):			
Trade & Business Licence No.:		Date of Registration:	
Name of Directors		Position Held	
1		1	
2		2	
3		3	
4		4	

Please note: Only a duly authorised officer of the above company has the authority to apply for electrical service.



Service Requirements

Street Address where service is required: Building/House No.:		Apartment No.:	
Street Name:		District:	Island:
Please indicate type of Service applied for: <input type="checkbox"/> Permanent Supply <input type="checkbox"/> Temporary Supply			
<input type="checkbox"/> Single Phase	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial <input type="checkbox"/> Government
Please indicate type of premises (check one):			
<input type="checkbox"/> Business	<input type="checkbox"/> Private Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Water Pump <input type="checkbox"/> Storage
Has electricity been provided previously at this address? <input type="checkbox"/> No <input type="checkbox"/> Yes (If existing provide metre#)			
Do you own the property where service is required? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If you are a tenant, state landlord's name and telephone number:			
Please tick to indicate if you would like to receive information on any of the following:			
<input type="checkbox"/> Planned outages	<input type="checkbox"/> Energy saving tips	<input type="checkbox"/> Security lighting	

Deposit: _____ **Installation:** _____ **Amount:** _____

Deposit Transferred from Acct#: _____ **Date:** __ / __ / __

THE UNDERSIGNED DECLARES THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE AND UNDERSTANDS THAT ANY FALSE DECLARATION MAY RESULT IN REASSESSMENT OF DEPOSIT AND / OR DISCONNECTION OF SERVICE. IN CASE OF CORPORATE APPLICATION, THE UNDERSIGNED CONFIRMS THAT I AM A DULY AUTHORISED OFFICER OF THE COMPANY AND HAVE AUTHORITY TO APPLY FOR ELECTRICITY SERVICE.

HAVING AGREED TO PAY/TRANSFER A DEPOSIT TO FORTIS TCI, THE UNDERSIGNED HEREBY APPLIES FOR SERVICES IN ACCORDANCE WITH THE CURRENT SCHEDULE OF RATES, THE CUSTOMER'S HANDBOOK-TERMS OF SERVICE & OTHER TERMS AND CONDITIONS OF SUPPLY BEING FROM TIME TO TIME FORCE REGULATING THE USE AND SUPPLY OF ELECTRICITY WHICH ARE ON FILE WITH FORTIS TCI, OR ANY OTHER SUPERSEDING SCHEDULE GOVERNING THIS CLASS OF SERVICE. THE UNDERSIGNED UNDERSTANDS AND AGREES TO THE TERMS HEREIN AND ACKNOWLEDGES AND AGREES TO THE RIGHT OF FORTIS TCI TO REQUIRE SECURITY DEPOSITS, INSTALLATIONS/ CONNECTION FEE, INTEREST OF 2% PER MONTH ON ALL OUT STANDING BALANCES AND ANY OTHER ADDITIONAL CHARGES. INSTALLATION/CONNECTION FEES ARE NON-REFUNDABLE I/WE HEREBY AGREE TO PAY ALL CHARGES IN CONNECTION WITH THE INSTALLATION OF SERVICE AND SUPPLY OF ELECTRICITY AND TO ABIDE BY THE RULES AND REGULATIONS OF FORTIS TCI.

I/WE HEREBY ACKNOWLEDGE AND AGREE FORTIS TCI SHALL NOT BE REQUIRED TO HOOK UP PREMISES UNTIL THEY RECEIVE A CERTIFICATE OF INSPECTION AND WIRING THAT INSTALLATION AND WIRING CONFORM TO THE STANDARDS REQUIRED BY THE ELECTRICAL CODE AND HAVE RECEIVED THE APPROPRIATE FEES AND DEPOSIT REQUIRED BY FORTIS TCI IN ACCORDANCE WITH THEIR RULES AND REGULATIONS.

IT IS FURTHER AGREED THAT SHOULD FORTIS TCI OR THE UNDERSIGNED TERMINATE THIS SERVICE THE UNDERSIGNED WILL BE LIABLE FOR ALL UNPAID AMOUNTS AND AUTHORISED FORTIS TCI TO TRANSFER ANY OUTSTANDING AMOUNTS TO ANY OF THE UNDERSIGNED'S ACTIVE FORTIS TCI ACCOUNTS.

Name: _____ **Signature/Date:** _____

Acceptance by Fortis TCI:

Name: _____	Signature/Date: _____
Position: _____	

Please Note: Tenants are required to notify Fortis TCI upon termination of tenancy.

