



Ketchikan Public Utilities
COMMERCIAL APPLICATION

2417 Tongass Ave., Ste. 119D
Ketchikan, AK 99901

Business Name:		Phone: (907) 228-5474	
Mailing Address:		Toll Free: (888) 478-5474	
E-Mail Address:		Fax (907) 247-1888	
Requested Services: <input type="checkbox"/> Electric <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> TV		Shaded area to be completed by Service Representative	
Location of Service:			
DIRECTORY		Service Order #	
Directory Listing: <input type="checkbox"/> Non-Published (\$1.40 per mo.)		Phone #	
Directory Listing Address: (Optional)		Wireless #	
Classified Directory Heading (Yellow Pages):		Electric Account #	
Check One <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Bus Lic # _____		DEPOSIT INFO	
SOLE PROPRIETORSHIP ACCOUNTS ONLY Please list the individual responsible for payment of account(s):		Fair Isaac Score:	
Last Name: _____ First Name: _____ MI: _____		Phone Deposit \$	
Residence Address: _____ Mailing Address: _____		Internet Deposit \$	
Home Phone: _____ Cell PH: _____ Work PH: _____ E-mail _____		TV Deposit \$	
Social Security # _____ Driver's Lic # _____ Date of Birth: _____		Wireless Deposit \$	
LIST OF OWNERS/PARTNERS/CORPORATE OFFICERS		Electric Deposit \$	
Last Name: _____ First: _____ Position _____ Phone # _____ E-Mail Address: _____		Electric Deposit #	
		LONG DISTANCE	
		<input type="checkbox"/> KPU <input type="checkbox"/> ACS <input type="checkbox"/> AT&T <input type="checkbox"/> AP&T <input type="checkbox"/> Excel <input type="checkbox"/> GCI	
GUARANTOR: _____		Est Monthly LD Usage \$	
AUTHORIZED PERSONS FOR ACCOUNT: (Ex: bookkeeper/manager)		LONG DISTANCE BLOCKS	
Please list all authorized personnel who have permission to obtain any and all information, make changes to existing accounts and add additional accounts on behalf of this business. This will remain in effect until we are notified in writing of any future changes.		<input type="checkbox"/> Toll Block <input type="checkbox"/> 3rd Party Block <input type="checkbox"/> 900 Block <input type="checkbox"/> Collect Block <input type="checkbox"/> BCF#	
Last Name: _____ First: _____ Position _____ Phone # _____ E-Mail Address: _____		<i>Caller ID to Display</i>	
		" _____ "	
		OPTIONAL FEATURES	
		<input type="checkbox"/> Caller ID <input type="checkbox"/> Voice Mail <input type="checkbox"/> Call Waiting <input type="checkbox"/> Call Forward	
The undersigned certifies that he/she is the owner-lessee-tenant of the premise where service is applied for with lawful authority to sign this application for utility service and agrees to pay the applicable rates & abide by the terms & conditions as prescribed by the Municipal Ordinance & Utility Tariff for all present & future utility service. Acceptance of the application by the Municipality of Ketchikan constitutes a contract between the Municipality & applicant. All costs incurred by the Municipality for the collection of any unpaid account shall be paid by the applicant. The information furnished on the application, including your Social Security numbers, are voluntary and will be used to determine if a deposit will be required. Your signature in the designated space authorizes the Municipality to conduct a credit check if such action is necessary in order to determine the possible deposit requirements. Failure to provide information will automatically require a deposit.			
I hereby declare that the information provided is true, accurate & complete to the best of my knowledge & belief & is voluntarily submitted for the purpose of receiving telephone, internet, IPTV &/or utility service. It is understood that upon presentation of the application it becomes the property of the Municipality. I also certify that I am eighteen (18) years of age or older. All Residential & Business Telecommunications, DSL & IPTV rates are based on 12 months continuous service with a minimum term of thee (3) months.			
Owner's Signature _____		Date: _____	
Co-Applicant's Signature _____		Date: _____	
Service Representative's Signature _____		Date: _____	