



OXFORD
UTILITIES

COMMERCIAL APPLICATION FOR UTILITY SERVICE

Application and photo ID can be emailed to utilities@oxfordms.net

Desired Connection Date: _____ (Monday – Friday)

Business Name: _____

Service Address: _____ **Unit #** _____

Billing Address: _____ **Unit #** _____

City _____ State _____ Zip _____

Business Phone: _____ **Cell Phone:** _____

Email Address: _____ **Tax ID#:** _____

Owner's Name: _____ **Date of Birth:** _____

SSN: _____ **DL:** _____

Service Connection Fee: \$15 payable at Application or on first bill

Documentation Required: Photo ID (Driver's License/Passport)

By signing below, I agree to abide by the policies and regulations of Oxford Utilities. If the security deposit is less than the final bill upon termination of service, I agree to pay the balance in full by the due date indicated on the final bill. I understand that if the final bill is not paid by the due date, any outstanding balance will be transferred to my active account or to a collection agency. I understand that I will be responsible for any collection or attorney fees incurred in collecting the balance of the account.

Signature: _____ **Date:** _____

For Office Use Only

Turn on _____	Read & Leave On _____
Location # _____	Customer # _____
Deposit Amount Paid & Posted _____	Service Fee Amount Paid & Posted _____
Bad Debt Checked _____	Mailing Address Checked _____