



499 O'Brien Rd., Unit B
Renfrew, ON K7V 3Z3
Tel 613-432-4884 Fax 613-432-7463

For office use only:

Account # _____ Customer # _____

COMMERCIAL APPLICATION FOR SERVICE

Please Check One: Under 50 kW ☐ Over 50 kW ☐

Service Start Date (YYYY/MM/DD):		
Service Address:		
City:	Province:	Postal Code:
Mailing Address (if different from above):		
City:	Province:	Postal Code:
Are you the Property Owner? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If Tenant, Name of Landlord:		Landlord Phone #:
Default for RPP eligible customers is Time of Use, please check box if Tiered is your preferred Rate Plan: <input type="checkbox"/>		
Business Information (Account Information)		
Legal Registered Name:		
Operating/Trading As:		Registration #:
Description of Business:		NAIC Code:
Accounts Payable Contact Name:		
Email Address:		Phone #:
Is this Business a: Corporation: <input type="checkbox"/> Sole Proprietorship: <input type="checkbox"/> Partnership: <input type="checkbox"/>		
Owner/Officer Information:		
Name:		
Date of Birth:		Home Phone #:
Email Address:		Cell Phone #:
Driver's License #:		
Home Address:		
City:	Province:	Postal Code:
Deposit Requirement:		
A security deposit is required for all commercial accounts in accordance with Renfrew Distribution's Conditions of Service which can be viewed at www.renfrewhydro.com . Failure to pay the security deposit as required will result in the immediate implementation of our Collection Policy which may lead to the discontinuation of electrical service.		
Deposit Amount (please contact office):		Initial:
Method of Payment: Four Equal Installments: <input type="checkbox"/> Paid in Full: <input type="checkbox"/>		
Consent:		
I/we agree to accept electricity services from Renfrew Hydro Inc. in accordance with their Conditions of Service and Privacy Policy and will be bound by them as they exist and are subject to change. Renfrew Hydro's Conditions of Service and Privacy Policy may be viewed at www.renfrewhydro.com .		
Name of Owner/Officer (please print):		
Signature of Owner/Officer:		Date (YYYY/MM/DD):
Name of Owner/Officer (please print):		
Signature of Owner/Officer:		Date (YYYY/MM/DD):

Please note, a \$30.00 account setup charge/change of occupancy charge will be applied to your first bill.