



Business Application for New Service

CUSTOMER INFORMATION: PLEASE PRINT

Legal Registered Name: _____ Registration # _____
Operating/Trading As: _____ Ontario Corporation# _____
Business Mailing Address: _____
Description of Business _____ SIC Code: _____
(i.e. Appliance Wholesaler, Medical Office, Variety Store, Steel Manufacturer, etc.)
Website Address _____

CONTACT INFORMATION: PLEASE PRINT

Accounts Payable Contact Name _____ Phone Number _____
E-mail Address _____ Fax Number _____
Name of Business Owner(s), Partner(s) or Principal(s):
Business Owner 1: _____ Phone Number: _____
Position: _____ Email Address: _____
Business Owner 2: _____ Phone Number: _____
Position: _____ E-mail Address: _____
To be filled out when business is owned by a sole proprietor or by partners:
Business Owner 1 Business Owner 2
Driver's License: _____ Driver's License: _____
Social Insurance Number _____ Social Insurance Number: _____
Date of Birth (MM/DD/YYYY) _____ Date of Birth (MM/DD/YYYY) _____
Service Address: _____
Date Service Commences (MM/DD/YY): _____
Will you be leasing or owning the Service Address? [] Lease [] Own
If leasing, owner's name and address; if owning, lawyer's name and number: _____

APPLYING FOR MULTI-UNIT STATUS (attach form): Form can be obtained on Westario Power web site at www.westario.com

Multi-unit declaration (form attached)

PRE-AUTHORIZED PAYMENT

YES - Please register my account with Pre-Authorized Payments.

Name of Financial Institution: _____ Transit Number (5 digits): _____

Institution Number (3 digits): _____ Account Number: _____

Please complete the Pre-authorization Payment information above; or attach a void cheque or bank Pre-Authorization Debit (PAD) form and return with this application.

E-BILLING PORTAL

YES - please register my account in the e-Billing portal.

If choosing the e-Billing option for receiving your monthly bills, an email will be sent to your email address provided, and you will be asked to complete the registration process. Note: you will no longer receive paper bills when the e-billing registration has been completed.

SECURITY DEPOSIT

Security Deposit requirement. (Please submit your Letter of Reference with this application if available)
All customers opening a new account with Westario Power are required to pay a security deposit, except where the customer provides a letter of reference from a gas or electricity distributor in Canada confirming "Good Payment History". Residential customers shall be permitted to pay deposits in equal instalments up to a six-month period.

Please select the number of installments you require: (max. 4 months) _____

ADDITIONAL COMMENTS

I/We, certify all the information above to be true and complete by submitting this request; are opening an electricity account with Westario Power Inc.; are agreeing to be your customer, and assuming responsibility for all charges for services provided to the above stated property, in accordance with the Conditions of Service as it exists and is amended from time to time and in so accepting, agree to pay Westario Power at the authorized rates from the date the service commences.

Owner 1 Name (Print)

Signature

Date

Owner 2 Name (Print)

Signature

Date

Mailing Address & Drop Box Location:

Phone Inquiries:

Fax:

Email:

Customer Service Dept., Westario Power Inc., 24 Eastridge Road, Walkerton, ON N0G 2V0

519-507-6937 (Monday to Friday from 8:30 am to 4:30 pm)

519-507-6887

Customer.Service@westario.com

Web Site: www.westario.com