



COMMERCIAL APPLICATION FOR CREDIT

PO Box 2148 * Shelton, Washington 98584
Shelton: (360) 426-8255 FAX (360) 427-2828
Belfair: (360) 275-2833 FAX (360) 275-6674
www.pud3.org

This application must be filled out in its entirety in compliance with sections 114 and 315 of the Fair and Accurate Credit Transactions Act of 2003. Failure to do so may delay processing of the request to provide service. Please provide information for all persons held responsible for the account. A Business Guarantee form is required for most commercial accounts. Notice - only those persons listed as a responsible party on the account or who have received approval by way of a waiver can receive information regarding the account. Customer recognizes that opening an account constitutes an agreement to pay for utility services at the applicable and established rates and to be governed by the resolutions and policies of Public Utility District No. 3 (PUD 3) of Mason County, Washington, which includes providing safe access to PUD 3 property by PUD 3 employees as required. Customer gives PUD 3 permission to make phone contact and automated messaging by any number provided, including cellular phones. If lawsuit is initiated to collect any amounts due, that the venue for any such action shall be in Mason County at the discretion of Mason County PUD No. 3.

Account Set-Up fee \$25

Account Information

Please Print Clearly

Business Name: _____ Taxpayer ID# _____
Mailing address: _____ City/State/Zip: _____
Email: _____ Work #: _____
Would you like anyone in the office to be able to obtain specific information regarding this account? [] Yes [] No

Guarantor Name: _____ SSN: _____ DOB: _____
Mailing address: _____ City/State/Zip: _____
Email: _____ Primary #: _____ Msg #: _____

Guarantor Name: _____ SSN: _____ DOB: _____
Mailing address: _____ City/State/Zip: _____
Email: _____ Primary #: _____ Msg #: _____

Service Information:

Service address: _____

Initiation date requested: _____

Do PUD 3 employees need a key for access? [] Yes [] No

Is this service for the purpose of producing and/or processing cannabis? [] Yes [] No

Are you interested in any of the following programs: Automatic credit card payments, electronic billing, or bank drafting from your checking account? [] Yes [] No

I affirm that the above information is correct to the best of my knowledge and that I have been offered a copy of the PUD 3's Rules and Regulations (this is also available at www.pud3.org/rulesandregs). Electronic signatures are not accepted.

Signature: _____ Date: _____
Signature: _____ Date: _____

For official use only:

Date Received: _____ By: _____ Acct# _____

Initiation Date: _____ SO: _____ Type of Action: _____

Gov't photo ID verified? Yes No Type/ID# _____

Deposit Determination

Amount Required: _____ Hold/Transfer: _____

Based on: PUD Experience CRA Commercial LOC

YL? Yes No

Notes:

CID: ..
Business Name: