



**Commercial Utility Application**  
 OFFICE HOURS: MONDAY-FRIDAY 8:00AM TO 5:00PM  
 ADDRESS: 11 N 3<sup>RD</sup> STREET, JACKSONVILLE BEACH, FL 32250  
 PHONE: 904-247-6241 FAX: 904-247-6115  
 www.beachesenergy.com

Business Name: \_\_\_\_\_ Tax ID \_\_\_\_\_

Type of Business:  Proprietorship  Partnership  Corporation

Service Address: \_\_\_\_\_  
 (Number, Street) (Apt/Unit) (City, Zip)

Mailing Address: \_\_\_\_\_  
 (If different from service address) (Number, Street) (Apt/Unit) (City, Zip)

E-Mail Address: \_\_\_\_\_

E-Bill Notification Only:  No  Yes (You will not receive a paper bill if you select "Yes")

Desired Turn On Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Monday-Friday, Please allow access to Meter)

Telephone Numbers: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_  
Social Security Numbers are used for credit verification and authorization, identifying and preventing fraud and to verify and retrieve customer information. This information will not be used for any other purpose.

Authorized Users on Account: \_\_\_\_\_  
 Print Name Title

\_\_\_\_\_  
 Signature Social Security #

\_\_\_\_\_  
 Print Name Title

\_\_\_\_\_  
 Signature Social Security #

**DEPOSITS CAN BE PAID BY CASH, CHECK, OR MONEY ORDER ONLY**

If mailing or using fax, please attach a legible photocopy of State Identification, Driver License, Passport, or Military ID. Applications are considered public documents according to Florida Statutes and are subject to public inspection.

Applications by firms, partnerships, associations, and corporations shall be tendered only by their duly authorized agents and the official titles of such agents shall be included in this application. I will be personally responsible for the payment of utility bills rendered.

I hereby make application to Beaches Energy Services for utility services and agree to abide by all ordinances, provisions and applicable rules of the City of Jacksonville Beach, FL, in regard to the utility services and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Customer # \_\_\_\_\_

Location #: \_\_\_\_\_

Deposit \$: \_\_\_\_\_

Sq Ft of Facility: \_\_\_\_\_

Connect Fee \$: \_\_\_\_\_

Business Type: \_\_\_\_\_

Dumpster Size: \_\_\_\_\_

Pick-up Days: M T W TH F S