



**BENTON UTILITIES**  
BENTON, ARKANSAS

### Commercial Application

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Benton, AR 7201\_\_\_\_\_

Business Phone# \_\_\_\_\_ Federal I.D.# \_\_\_\_\_

Bill Address (if different than above) \_\_\_\_\_

Primary Responsible Party: \_\_\_\_\_ Ph# \_\_\_\_\_

Home Address: \_\_\_\_\_

Secondary Responsible Party: \_\_\_\_\_ Ph# \_\_\_\_\_

Home Address: \_\_\_\_\_

Service Connect Date Requested \_\_\_\_\_ (24 hour Notice Required)

Please Circle One: Purchasing (Please provide Proof of Purchase), Leasing (Please provide Lease), or Construction

Landlord's Name (if leasing) \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

Please present driver's license or photo I.D. for each responsible party and sign below. Thank You.

Primary: \_\_\_\_\_ Date \_\_\_\_\_

Secondary: \_\_\_\_\_ Date \_\_\_\_\_

For office Use Only:

Deposit Amount \$ \_\_\_\_\_ Account# Assigned \_\_\_\_\_

Please Circle: Cash    Check    Surety Bond    Irrevocable letter of Credit

Bond or Letter Expiration Date \_\_\_\_\_

Remit to: P.O. Box 607 – Benton, AR 72018-0607

**Completed application can be emailed to:**

**[servicedept@bentonar.org](mailto:servicedept@bentonar.org)**

**Fax to: 501-776-5918**

**Or dropped off in the drive thru.**

**After processing your application we will contact you with your  
deposit amount.**