



BENTON UTILITIES
BENTON, ARKANSAS

Commercial Application

Date: _____

Business Name: _____

Service Address: _____ Benton, AR 7201 _____

Business Phone# _____ Federal I.D.# _____

Email Address: _____

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