

Deposit: _____

Acct #: _____



BENTON UTILITIES
BENTON, ARKANSAS

Residential Credit Application

Date: _____

Share Program ___ YES ___ NO

Applicant:

Name: _____
First Middle Maiden Name Last

_____ Phone # Birthdate Driver's License # Soc. Sec.#

New Service Address: _____ Benton, AR 7201__

Bill Address (if different than above) _____

Service Connect Date Requested _____ (1- BUSINESS DAY NOTICE REQ)

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

Landlord's Name: _____ Daytime Phone# _____

Applicant's Employer: _____ Employer Phone# _____ City _____

Nearest Relative **NOT** Living With You: _____ Relation _____

Address: _____ Phone# _____

Other Adult Occupant(s)/Joint Account Holder(s) (all adult occupants are joint account holders and Equally responsible for payment of bills)

#1 Name: _____
First Middle Maiden Name Last

_____ Phone # Birthdate Driver's License # Soc. Sec.#

Employer _____ Employer Phone# _____ City _____

#2 Name: _____
First Middle Maiden Name Last

Phone # Birthdate Driver's License # Soc. Sec.#

Employer _____ Employer Phone# _____ City _____
(Please list additional adult occupants/account holders below)

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

Primary: _____ Date _____

Email address: _____

Other account holder: _____ Date _____

Email address: _____

Other account holder: _____ Date _____

Email address: _____

If this is a new construction (new location), please answer the following:

Is this address inside the City Limits of Benton? Yes _____ No _____

If the address is not inside the City Limits, some services may not be available. Sewer services are not provided outside of the City Limits unless approved by the PUC and City Council. If approved the rate will be 1.75 times that of city customers.