it:			
!:		ENTON, ARKAN	
	Residentia	l Credit Application	1
Date:		Do you want to opt out of the Share Program?YES	
Applicant:			
Name: First	Middle	Maiden Name	Last
Phone #	Birthdate	Driver's License #	Soc. Sec.#
New Service Address:			Benton, AR 72
	-	poof of Purchase) or Leasing (Please provide Lease) Daytime Phone#	
		Employer Phone#	
		Relation	
Address:		Phone#	
Other Adult Occupat	nt(s):/Joint Accoun	<b>t Holder(s)</b> (all adult occup Equally respo	pants are joint account holde nsible for payment of bills)
#1 Name: First	Middle	Maiden Name	Last
Phone #	Birthdate	Driver's License #	Soc. Sec.#

#2 Name:			
First	Middle	Maiden Name	Last
Phone #	Birthdate	Driver's License #	Soc. Sec.#
Employer			City
	(Please list additional da	ult occupants/account holders	Delow)
Please present driver's li	cense or photo I.D. for early a second secon	ach adult occupant and sig	n below. Thank You.
Signature of			-
Primary:			Date
Email address:			
Other account holder:		Т	Date
Email address:			
Other account holder:		I	Date
Email address:			
If this is a new construct	ion (new location), pleas	e 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.

Completed application can be emailed to: servicedept@bentonutilities.com Fax to: 501-776-5918 Or dropped off in the drive thru.

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