Deposit:	
Acct #: _	



Residential Credit Application

Date:		Share Program?YES		
Applicant:				
Name:				
First	Middle	Maiden Name	Last	
Phone #	Birthdate	Driver's License #	Soc. Sec.#	
New Service Address:			Benton, AR 7201_	
Bill Address (if different t	than above)			
Service Connect Date Rec	quested	(1- BU;	SINESS DAY NOTICE REQ)	
Please Circle One: Purc	hasing (Please provide Pr	oof of Purchase) or Leasing (Pla	ease provide Lease)	
Landlord's Name:		Daytime Phone#		
Applicant's Employer:		Employer Phone#	City	
Nearest Relative NOT Li	ving With You:		Relation	
Address:		Phone#		
Other Adult Occupa	nt(s):/Joint Accour	nt Holder(s) (all adult occup Equally respon	ants are joint account holders and naible for payment of bills)	
#1 Name:First	Middle	Maiden Name	Last	
THM	iviludie	ivialucii ivallie	Last	
Phone #	Birthdate	Driver's License #	Soc. Sec.#	
Employer		Employer Phone#	City	

First	Middle	Maiden Name	Last
Phone #	Birthdate	Driver's License #	Soc. Sec.#
Employer		Employer Phone#	
	(Please list additional aa	lult occupants/account holders i	below)
Please present driver's li	icense or photo I.D. for e	ach adult occupant and sig	n below. Thank You.
•	conse of photo 112. For e	aon addit occupant and sig	n colow. Thank I can
Signature of Primary:			Date
Email address:			
Other account holder:		Г	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	
•	City Limits unless approv	services may not be availa ed by the PUC and City C	

Completed application can be emailed to : servicedept@bentonutilities.com

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