



Facsimile Transmittal

To: _____

From: _____

Fax: _____

Date: _____

Phone: _____

Pages: _____

Premise #: _____

Phone #: _____

Customer #: _____

Fax #: (702) 402-0303

Re: Establishing Commercial Utility Service

Comments:

To apply for commercial service, you must fill out the attached Commercial Utility Service Application and return with a copy of your Business License, or Business License application and receipt.

Management Companies: To set up an account using a property management company, please provide a signed letter of authorization from the owner and a signed property management agreement.

Deposit: Please be advised that a deposit is required for all new commercial accounts. Your deposit may be waived with current/prior excellent credit in the same business name, an irrevocable letter of credit, current excellent credit report from Dun & Bradstreet, or surety bond (if required deposit is over \$5,000).



COMMERCIAL UTILITY SERVICE APPLICATION

To apply for commercial utility service the following items must be submitted:

1. Commercial Utility Service Application
2. Copy of Business License (if not available, a copy of the Business License application and paid Business License application receipt may be provided).
3. Meter Number – if no meter on site, please do not complete the application. Contact our New Development Center at (702) 402-8400.

The above information may be faxed to 702-402-0303 or delivered to any of our local business offices.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I acknowledge that these statements are made for the purpose of obtaining service from Nevada Power, and that any information that is missing or purposely misleading may result in delay or denial of service, and may lead to criminal prosecution.

Name (Owner, Partner, or Officer) _____

Signature: _____ Date: _____

Date Service Requested: _____ Type of Business (i.e. Restaurant, Apartment...): _____

Business Name: _____

Service Address (number and street): _____

City: _____ State: _____ Zip: _____

Billing Address: (number and street): _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

(Check One) Sole Proprietor Partnership Corporation

Federal Tax ID: _____ Social Security # or Driver's License #: _____

Days/Hours of Operation: _____ Sq. Ft. of Business Cooled By Evaporative System: _____

Days/Hours of Operation: _____ Sq. Ft. of Business Cooled by Air Conditioning: _____

Apartment Complex Only:	# of Units	# of House Meters	# of Recreation Rooms	# of Pools
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If bills are mailed out of town, please provide name, address and phone # of local contact.

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Landlord: _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____ Phone #: _____

If a corporation, please provide the following information:

Name of Parent Corporation: _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip: _____ Phone #: _____

Resident Agent's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

If a partnership, please provide name, home address, and phone for each partner (attach additional sheet if necessary):

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

NOTE: Please be advised that a deposit is required for all new commercial accounts. Your deposit may be waived with current/prior excellent credit in the same business name, an irrevocable letter of credit, current excellent credit report from Dun & Bradstreet, or surety bond (if required deposit is over \$5,000).