MERCED IRRIGATION DISTRICT
ELECTRIC SERVICES

Merced Irrigation District
744 West 20th St. PO Box 2288, Merced, CA 95340
Customer Service Phone: 209-722-3041
Fax: 209-722-1457

Application for Non-Residential Electric Service

*** MID USE ONLY ***		
CSR Name:	Deposit Amount:	Additional Comments:
Account #:	Reason for waiving:	
Area:	CS Approved by: Date:	
Rental Agreement:		

Please fill out application completely, attach documents, sign and return to MID Customer Services Division. In accordance with MID Rules & Regulations, a deposit will be required of all new customers, unless the customer is able to provide a letter from their previous utility certifying a good payment history. The customer will be required to post a deposit equal to two times the estimated monthly average bill, with a minimum deposit of $400.00.

Today's Date: _____ Service start date: _____

Type of service: Commercial ☐ Industrial ☐ Lighting ☐ Ag Pump ☐ Horsepower of Ag pump ☐

1. Legal Billing name: _____
   Legal Name of Responsible Party Or Corporation (see # below for fictitious filing details)
2. Doing business as (DBA): _____
   Name of Organization or Entity
3. Service address: _____
   Street *City* *Zip Code*
4. Mailing address: _____
   Street *City* *Zip Code*
5. Type of Business: _____ Franchisee: Yes ☐ No ☐
   Complete description of goods or services rendered
6. Number of years in business: ____ Business phone: _____ Fax Number: _____
7. Type of ownership: Sole proprietor ☐ Partnership ☐ LLC ☐ LLP ☐ Corporation ☐ Public Agency ☐ Other ☐
8. If corporation, list State where incorporated: _____ Years Filed: ____
9. Taxpayer ID Number (EIN or SSN): _____ Business license number: _____
10. If business name is legal billing name, fictitious name file number: _____ Filing Date: _____
11. Name, title and telephone numbers of corporate officers, partners, or sole owners:

Name	*Title*	*Telephone*
Name	*Title*	*Telephone*
Name	*Title*	*Telephone*

12. Contact Person for Billing Inquiry: _____
    Name *Title* *Telephone*
13. Contact Person completing this form: _____
    Name *Title* *Telephone*
14. Contact Person email address: _____

Signature (required): _____
Owner or Corporate Officer ***ID verification: Driver's License number & State (list of other)***

_____ _____ _____
Print Name *Title* *Date*

Note: In accordance with published MID regulations, supporting document may be required.