



APPLICATION FOR ELECTRICAL SERVICE

Cochrane Office: 153 Sixth Avenue, Cochrane, Ontario P0L 1C0
 (705) 272-6669 Email: customer@nowinc.ca

All Other Locations: (800) 619-6722 Website: www.northernontariowires.com

PRIMARY CUSTOMER INFORMATION			
Last name or company name		First name	Middle Initial(s)
Mailing address-number & street		Town/City	Postal/Zip Code
Daytime Telephone ()	Mobile phone ()	Alternate Phone ()	
Email		Fax ()	
Driver's License#		Date of Birth (MM/DD/YYYY)	

JOINT CUSTOMER INFORMATION		
Last name or company name	First name	Middle Initial(s)
Email	Daytime Telephone ()	Date of Birth (MM/DD/YYYY)

LOCATION INFORMATION		
Service Address	Effective Date	Account#
Meter#	Location <input type="checkbox"/> Outside <input type="checkbox"/> Pole <input type="checkbox"/> Inside	(A key or keypad # is required for NOW to access inside meters) Keypad#

BILLING INFORMATION		
Ownership <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Landlord's Name	Landlord's phone ()
Class <input type="checkbox"/> Residential <input type="checkbox"/> Small Commercial <input type="checkbox"/> Service >50kW <input type="checkbox"/> Multi-Residential Unit - # of Units _____		

DEPOSIT INFORMATION
A Security Deposit of \$ _____ is required and will be billed in _____ installment(s). - OR - The deposit will be waived upon receipt of a favourable credit reference letter (applicable to classification of this service) from another utility company for a period of services of at least 12 consecutive months effective within the past 24 months OR upon enrollment in an Equalized Payment Plan (EPP) and/or Pre-Authorized Payments Plan (PAP).

The Customer(s) agree(s) to abide by Northern Ontario Wires Inc.'s (NOW Inc.) Conditions of Service as filed with the Ontario Energy Board (OEB) and as amended from time to time. The Conditions of Service are available to view at www.northernontariowires.com or by individual copy for a fee.

Primary Customer Signature _____	Date _____
Joint Customer Signature _____	Date _____

FOR OFFICE USE ONLY	
Category Change Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Connected <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted on behalf of NOW Inc. by _____	Date _____