



COMMERCIAL ELECTRIC SERVICE APPLICATION

Service Address: _____ Unit/Suite: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ City, State, Zip: _____

Business Name (as shown on tax return): _____

DBA: _____

Type of Business (retail, restaurant, production, general office): _____

Federal Tax ID #: _____ Social Security # (Req. for Sole-Proprietor): _____

Authorized Signer/Contact: _____ Title: _____

Contact Phone: _____ Email: _____

Business Phone: _____ Fax: _____

Accounts Payable Contact: _____ Phone: _____

Is the business Sales Tax Exempt? ☐ Yes ☐ No If yes, complete and return ST3 form.

Check one: ☐ Rent ☐ Own

If rent, Name of Property Manager/Owner: _____ Phone: _____

If own, Name of Property Manager: _____ Phone: _____

Lease Start/Closing Date: _____ Service Start Date: _____

Load Information

(ERMU requires information to estimate load and monthly usage)

Hours of operation: _____ Service size (amps): _____

Square footage of facility: _____ Rewire? ☐ Yes-Proposed additional kW _____ ☐ No

Square footage office space: _____ ☐ Single Phase ☐ Three Phase

Production/retail space: _____ Voltage: _____

Machinery/equipment description: _____





12 months past electric bills and previous facility square footage (if applicable)

Electrician contact information: _____

I am an authorized agent/signer for the business named above. I agree to pay the application processing fee required for all new Commercial Utility Applications. I understand that a credit check will be completed for the business and the business owner for sole-proprietorships. I also understand that a Service Agreement must be signed and a deposit will be required to be paid before service is started. The deposit amount will be outlined in the Service Agreement and shall be up to and no more than 3 times the highest estimated monthly usage.

Signature: _____ **Date:** _____
Printed Name: _____ **Title:** _____

Applications can be:

| | | | |
|---|---|--|---|
| Emailed | Faxed | Hand-delivered | Mailed |
|  |  |  |  |
| commercialapps@ermumn.com | 763.441.8099 | 13069 Orono Parkway | PO Box 430 |

Internal Office Use Only:

Estimated monthly bill: _____ Calculated by: _____ Date: _____

Deposit required: _____ Calculated by: _____ Date: _____