

PES COMMERCIAL APPLICATION

PES reserves the right to withhold service until all application information has been furnished and verified.

Name of Business: _____

Address for Service: _____

Mailing Address: _____

COMPLETE THE APPROPRIATE SECTION BELOW

SECTION 1

Corporation _____ Limited Liability Company _____

Officers of the Corporation

Title

Social Security Number

Federal Tax ID# _____ SIC or NAICS Code _____

Industrial Machinery Authorization No. _____ *(Please attach form from the State of Tennessee)*

Home Office Address _____

Contact Person _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

Local Manager: _____ Phone Number: _____

E-Mail Address: _____ Fax Number: _____

SECTION 2

Partnership _____ Proprietorship _____

List Each Partner's Name

Social Security Number

Phone Number

Owner of Business: _____ Tax ID Number: _____

E-Mail Address: _____ Phone Number: _____

Driver's License Number: _____ State _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Manager of Business: _____

E-Mail Address: _____

Signature of Responsible Party

Date

Deposit Amount \$: _____ PES Account Number: _____

CSR: _____ Date: _____

Approval: _____ Date: _____