

Commercial/Non-Residential Account Contract



For Office Use

Site Address	Bldg/Floor/Room	Site City/Village/Township	Site Zip Code
Legal Name of Company or Individual		Assumed Name (DBA)	
Account Number (Update or Vacant Acct. No.)		Beginning Date of Account	
Mailing Address		Mailing City	Mailing State
Mailing Name		Type Of Business	SIC Code
Telephone No.	Alternate Phone No.	DTE Representative	Location

Type Of Service
 Electric Gas Other (Unmetered service) _____

Credit Information (To be completed by the customer)

Type of Business
 Proprietorship Partnership Corporation Registered at (Country and State) _____

Assumed Name or DBA _____
 Registered at (Country and State) _____

List the Proprietor, Partners or Officers Below:

Name	Title	Home Address	Home Telephone No.	SSN (required for Partnership or Proprietorship)	Federal Tax ID (required for Corporation or LLC)

List your other present and previous Non-Residential accounts.
 Present Electric Gas Address: _____
 Previous-Last Year _____ Electric Gas Address: _____

1. The customer will be responsible for payment of all billings for service at the address on this contract pursuant to the appropriate rate schedule.
2. The customer will be required to pay cash deposit if payments on the account are not received promptly, and there is not already a deposit on file.
3. The customer understands that failure to pay the bills rendered and/or a required deposit in full will result in termination of service.
4. The customer agrees to notify DTE Energy by phone within three (3) business days of its intention to terminate service. The customer must make suitable arrangements for access to the meter. If you fail to notify DTE Energy or provide access to the meter, you will continue to be responsible for the utility service that occurs and will continue to be billed for such service until which time actual termination occurs.
5. Service will be delivered under the current rates and rules as approved by the Michigan Public Service Commission and subject to changes as ordered by this regulatory body.

Customer's Signature (Responsible Party) _____	Date
Print Customer's Name (Responsible Party) _____	
Title _____	Social Security No. _____
Signature Witnessed By: _____	Drivers License No. _____
	Address _____

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Deposit Amount	Amount Paid	Date Paid	Arrangements <input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Analyst _____			Date _____

Customer Copy

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