

CONTRACT FOR SUPPLY

Consumer's Name:			
Employer:	Employer's Phone No:		
Spouse:	Spouse Employer: Ph. No:		
Billing Address:			
Tele #:(C)	(H) Email Address:		
Building Location:			
Do you own or are you renting thi	s premises:		
Do you have an existing supply: Y	es No Address:		
Owner's Name:			
References:			
Name:	Relationship:	Tele No:	
Name:	Relationship:	Tele No:	
Driver's No:	National Inst	urance/Socia <mark>l</mark> Sec No:	
Voter's Card No:	Passport No:	12	
Class of Service: Residential:		Commercial:	
Type of Service:			
I/We authorize this connection with this account as set forth in			
Date:	Signed:		
PRESENTATION OF THIS APPLI	CATION MUST BE ACCOMPA	ANIED BY 2 PICTURE IDE	NTIFICATION.
	FOR OFFICIAL USE	ONLY	
Deposit Amount\$:	Date Paid:	Receipt No	
Customer ID:	Meter No:	S.W.O No:	
Location ID:	Permanent	Temporary	Tariff
Reconnection:	Transfer	New Connection	
Specification No:	Initial Reading:	Connection Date:	
Supervisor:	Office Manager:	Manager:	

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