

BUSINESS REQUEST FOR ELECTRIC SERVICE

Once this form is submitted a Customer Service Representative will contact you within three business days to complete the Application for Membership process.

Please note that electric service will not be established until a Customer Service Representative contacts you.

* Required Field

Primary Member Information

* Have you ever had an account with Laclede Electric? Yes No

* Business Name:

Prior Address:

City: State: Zip:

How long were you at the previous address?

Ways to Contact You

* Contact Person:

Email Address:

* Primary Phone Number: Alternate Phone Number:

* Preferred method of contact: Phone Email

Primary Customer Identification

* Business Entity:

Sole Proprietorship Partnership Corporation Non-Profit

* Federal ID Number: * Incorporated Date:

* Type of Business:

Manufacturing Retail Sales Communication Government
 Civic Organization School Church Other

New Service Information

Is the electricity on now? Ownership Status: Own Rent

What name is/was the service in?

Map Location Number: Meter Number:

Service Address:

City: State: Zip:

Is billing address different from service address? Yes No

If yes, what will the Billing address be?

Address:

City: State: Zip:

SUBMIT