



MINNESOTA POWER
Commercial Application for Electric Service

Legal Name of Business:
Effective Turn On Date: Local Business Phone:
Service Address: Zip Code:
Mailing Address: Zip Code:
Individual Making Application: Title:
Type of Business: NAICS Code:
(Fax #: E-mail Address: Company Website:)

If you are tax exempt, send us a copy of your ST3 Exemption.
COMPLETE ONE OF THE FOLLOWING GROUPS

Proprietorship

1. Proprietor's full name, including middle initial:
2. Home Address: Zip Code:
3. Home Phone: Social Security #:
Signature (Required): Title: Date:

Partnership - for all partners (all partners need to sign)

1. Full Name, including middle initial:
2. Home Address: Zip Code:
3. Home Phone: Social Security #:
1. Full Name, including middle initial:
2. Home Address: Zip Code:
3. Home Phone: Social Security #:
Signature (Required): Title: Date:
Signature (Required): Title: Date:

Corporation, LLC, Nonprofit or Subsidiary (all officers need to sign)

1. Full Name of Corporation:
2. Address of Corporate Headquarters: Zip Code:
3. Corporate Phone #:
4. Individual Responsible for Bill Payment:
5. Franchise: Local Manager:
6. President: Vice President:
7. Treasurer: Secretary:
Signature (Required): Title: Date:
Signature (Required): Title: Date:
Signature (Required): Title: Date:
Signature (Required): Title: Date:

Meter Account Number

