



32 South Main Street, Middleborough, MA 02346

Phone: (508) 947-1371 Fax: (508) 946-3700
You may return via e-mail to: csr@mged.com

Commercial Customer Registration Form

Date: _____

Applicant Company Name: _____

Tax ID #: _____ Business Phone #: _____

Contact Person Name: _____ Contact Phone #: _____

Service Address: _____

Billing Address (if different): _____

Nature of Business: _____

E-mail Address (optional): _____

Effective Date: _____ If purchasing: Closing Date: _____

*Applicant accepts responsibility for all usage consumed at the service address beginning on the Effective Date above. In some cases, this may be 3-10 business days prior to the Closing Date.

****A completed W-9 Form (attached) must also accompany the Registration Form.**

The representative whose signature appears below, hereby attests that they are authorized to conduct business on behalf of the Company named above and agrees to be responsible for the utilities consumed at the service address listed above until a request to terminate service has been received, in writing, at the office of the Middleboro Gas & Electric Department. **The applicant/s also agrees to abide by all MGED Terms and Conditions which are currently in effect and subject to change. Copies of the Terms and Conditions are posted on our website: www.mged.com.**

Authorized Representative Name: _____

Please Print Clearly

Authorized Rep Signature: _____ Date: _____

To Be Completed By Office:

Account #: _____

Customer #: _____

Tenant/Owner? _____

Street Light? _____

Deposit Collected? _____

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ENROLL IN AUTOPAY AND YOU'LL AUTOMATICALLY RECEIVE A PROMPT PAYMENT
DISCOUNT!**

AUTOPAY ENROLLMENT AUTHORIZATION FORM

Name: _____

Service Address: _____

Please check one: Credit Card Checking/Savings Account

CREDIT CARD INFORMATION

Name on Card: _____

Card Account # _____ Card Exp. Date _____

BANK ACCOUNT INFORMATION

Name on account (if different) _____

Bank Name _____

Bank Routing # _____ Personal? _____ OR Commercial? _____

Bank Account # _____ Checking? _____ OR Savings? _____

I understand that I authorize Middleboro Gas & Electric Department (via on-line payment vendor Invoice Cloud) to process payments to my account using the information provided above. If at any time I wish to discontinue this service, I may simply notify the company in writing.

Signature: _____ Date: _____

PAPERLESS BILLING Yes _____ No _____

Email address: _____