



Commercial / Non Residential Account Contract

Site Address	Bldg/Floor/Room	Site City/Village/Township	Site Zip Code
Legal Name of Company or Individual			
Account Number (Update or Vacant Acc. No)		Beginning Date of Service	
Mailing Address	Mailing City	Mailing State	Mailing Zip Code
Mailing Name	Type of Business		SIC Code
Telephone No.	Alternate Phone No.	SS#/Tax ID # (Tax ID required for Corporation or LLC)	

Type of Business
 () Proprietorship/Partnership () LLC () Corporation Registered at (State/County) of _____

Assumed Name or DBA _____ Registered at (State/County) of _____

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 gas accounts
 () Present Address _____
 () Previous Address _____

- The responsible person, identified below is either an owner, member or officer of the business for which natural gas service is being requested or for which a tax identification number has been provided.
- The undersigned personally guarantees payment for gas service provided by SEMCO ENERGY Gas Company to the service address identified above, in the event the customer fails to pay for same.
- To understand your rights and obligations, please review the rules and regulations for Billing Practices Applicable to Non-Residential Gas Customers located at <http://www.michigan.gov/mpsc/0,1607,7-159-16385---,00.html>

Check here if you would like us to send you a Michigan Sales Tax Exempt Form

Signature 1. _____ 2. _____	Date
Print Name 1. _____ 2. _____	Drivers License No.
Title or Position	

**If you have any questions please contact
 Customer Service 1-800-624-2019 - Fax 810-887-4593**