

www.esasafe.com

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Office Use: Account Number: Date Created:

Created By:

## APPLICATION FOR CUSTOMER ACCOUNT

Applicant Information	Business				
Type: Corporation Partnership Proprietorship	Start/ Incorporation Date:	(YYYY/MM/DD)			
Legal Business Name:	Duto.				
Operating Name:					
Is Business/Operating Name(s) Registered?					
Business Mailing Address:					
Street # Street Name (RR#, Box #, Suite, Unit) City/Town Province Postal Code Country					
Contact Person:					
Daytime Phone #: Mobile:					
Fax Number: Email:					
General Information					
Which method would you like your correspondence sent by:					
Email Mail					
Specify Line of Business (See note 1 below regarding electrical contractors) :					
Pole Line Renewable Energy Pool Bonding Record Search Wiring					
HVAC Entertainment Training					
Other (specify):	(specify):				
Contractor Rates: A customer must hold a valid Certificate of Qualification (C of Q) issued by the responsible authority having jurisdiction and the individual or business must have public liability and property damage insurance coverage of at least \$2,000,000 if they wish to qualify for the Contractor/Qualified Business Rates.					
☐ I acknowledge that I understand the information above, and I confirm that I/my business meet the requirements for contractor rates.					
OR	OR I acknowledge that I understand the information above, and I confirm that I/my business do				
- I acknowledge that I understand the information chave a	nd I confirm the	t l/my business de			

## Principal Director(s), Officer(s), Owner(s), Partners(s) Information (Attach separate sheet if more space is required)

## Provide full legal names of all principals and their business title: Name: Title: Name: Title: Payment Terms: Net 30 days from date of invoice. Overdue amounts will be subject to late payment charges applicable at the published rate.

I the undersigned, on behalf of the Business, certify all the information above to be true, authorize and consent to the provision and receipt of trade credit information, from and to credit grantors.

I hereby apply for account status and agree to the Electrical Safety Authority's credit terms.

	Auth	orized	Sigr	nature
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Title

Date

## NOTE 1:

 Ontario Regulation 570/05 stipulates that no person shall operate an electrical contracting business in Ontario without an electrical contracting licence issued by the Electrical Safety Authority (ESA). For more information, visit <u>www.esasafe.com</u> or contact Electrical Safety Authority at 1-877-372-7233.

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com