



# WELLS INTERCONNECTION

## CUSTOMER REGISTRATION FORM

Date:		Account number	
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Company Information			
Company Name	Name:		
Company Address:	Number and Street:		Suite/Floor:
	City:	State:	Zip:
Primary Contact:	Name:	Number:	Email:

Service Information			
Service Address:	Number and Street:	City:	State: Zip:
Suite Number:		Are you a sub-tenant in the Suite?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Billing Information			
Billing information same as Company Information above			
If Billing Information is different than Company Information, please enter it below			
Billing Address:	Number and Street:		Suite/Floor:
	City:	State:	Zip:
Billing Contact:	Name:	Number:	Email:
Billing Note:			

Authorized Contacts				
Any representative with a valid email at company domain				@
List individual contacts or to grant administrative permissions to additional users				
Contact 1	Name:	Number:	Email:	Admin (Yes / No )
Contact 2	Name:	Number:	Email:	Admin (Yes / No )
Contact 3	Name:	Number:	Email:	Admin (Yes / No )
Contact 4	Name:	Number:	Email:	Admin (Yes / No )
Contact 5	Name:	Number:	Email:	Admin (Yes / No )

Return completed forms to [info@wellsinterconnection.com](mailto:info@wellsinterconnection.com)