



GrandBridge
ENERGY



RESIDENTIAL APPLICATION FOR SERVICE

Contact Info (Please Print)

Applicant First Name: _____ Applicant Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth (MM/DD/YYYY): _____ E-Mail Address: _____

Place of Employment: _____ Employers Phone Number: _____

Co-Applicant Contact Info (Please Print)

Co-Applicant First Name: _____ Co-Applicant Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth (MM/DD/YYYY): _____ E-Mail Address: _____

Place of Employment: _____ Employers Phone Number: _____

Service Address:

Street Address _____ Unit _____ Meter _____

Mailing Address:

(If Different) Street Address _____ Unit _____

City _____ Province _____ Postal Code _____

Previous or Existing Account Number if Applicable: _____

Service Start Date (MM/DD/YYYY): _____ Owner: _____ Tenant: _____

Leasing Property Owners Name(s): _____ Phone Number: _____

Choose an Electricity Price Plan: More information about what to consider when choosing an Electricity Price Plan can be found at the Ontario Energy Board website: www.oeb.ca/choice

- Time of Use Price Plan: The price depends on when you use electricity as well as on the season (winter or summer). You can help manage your electricity costs by shifting your usage to lower price periods when possible.
- Tiered Prices: You can use a certain amount of electricity each month at a lower price. Once that limit (called a threshold) is exceeded, a higher price applies.

Pre-Authorized Payments: Please complete the [Pre-Authorized Payment Form](#) and please return with a void cheque.

Conditions: As a condition of receiving services, the information collected will be used by the Customer Care Department to establish and maintain a service connection, and for billing and collection activities. If you are a tenant, the owner's name and address may be used to provide notice in the event your service is disconnected. The owner may also be notified of your final billing date. Customer's that are listed above and have signed below accept financial responsibility for the account and can access all account information.

I/We, the undersigned: Certify all the information above to be true and complete. Authorize and consent to the receipt and provision of account and credit information from credit grantors, credit bureaus and suppliers of service.

Signature of Applicant: _____ Date (MM/DD/YYYY): _____

Signature of Co-Applicant: _____ Date (MM/DD/YYYY): _____

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