

APPLICATION AND CONTRACT FOR ELECTRIC FACILITIES WHERE FULL ADVANCE PAYMENT IS REQUIRED Temporary Service

To Southern California Edison:

The undersigned Applicant hereby requests you to deliver electric energy to and for the equipment hereinafter described, at the location shown on the reverse side hereof, in accordance with the applicable rates and rules of SCE.

In consideration of SCE's acceptance of this application, and the installation of facilities to supply temporary electric service, Applicant hereby agrees to the following:

1. SCE has made available for inspection its applicable rates and rules. Applicant agrees to comply therewith, and with any changes or modifications thereof which may be authorized from time to time by the Public Utilities Commission of the State of California.
2. Applicant's attention has been directed to the rate schedules applicable to the service herein described, and Applicant has elected to take and pay for service under Schedule _____ for a minimum period of _____ months. As specified in this schedule, Applicant elects the following optional provisions:
3. Applicant agrees to pay in advance to SCE, prior to the installation thereof, the estimated cost installed plus the estimated cost of removal, less the estimated salvage of the facilities installed to provide the service herein applied for, which cost is agreed to be the sum of _____ Dollars (\$ _____).
4. The amount of refund upon reclassification of Applicant from temporary to permanent will be made on the basis of the extension rule in effect at the time temporary service is reclassified to permanent. No interest shall be paid on the amount advanced.
5. Applicant hereby grants to SCE a right of way for any electric lines which it may be necessary to build in, on, under or over Applicant's premises for the purpose of making delivery hereunder. Where Applicant requests facilities which are in addition to, or in substitution for, the standard facilities which SCE normally would install, the extra cost thereof shall be paid by Applicant.
6. In the event Applicant within the initial 36 months of this contract materially increases or decreases his electric service requirements from those installed hereunder and a change is made in SCE's facilities, settlement shall be made for the installation and removal cost of the facilities removed. A new agreement shall be entered into providing for the modified service required by Applicant.
7. This contract shall at all times be subject to such changes or modifications by the Public Utilities Commission of the State of California as said Commission may, from time to time, direct in the exercise of its jurisdiction.
8. Where applicable — Contract Demand _____ (kW).
9. Where applicable — Excess Transformer Capacity _____ (kVa).

EQUIPMENT TO BE SERVED	PHASE	K.V.A.	K.W.	H.P.
LIGHTING				
POWER				

Service Voltage _____ Connected Load _____ Est. Max. Demand _____

Corporate or Individual's Name _____

Dated _____ D.B.A. _____

By _____ Title _____

Witness _____ Office of Origin _____

Approved and accepted for Southern California Edison Company

By _____

Manager



CREDIT INFORMATION - FORM OF BUSINESS ORGANIZATION

SOLE PROPRIETORSHIP

CORPORATION

GENERAL PARTNERSHIP

CO-PARTNERSHIP

OTHER

TYPE OF BUSINESS-PROCESSING, MFG., ETC.

CORPORATE OR INDIVIDUAL'S NAME

DBA NAME

BUSINESS TELEPHONE NUMBER

PARTNERS OR CORPORATION OFFICERS

NAME	ADDRESS	TITLE	TELEPHONE NUMBER
NAME	ADDRESS	TITLE	TELEPHONE NUMBER

SERVICE ADDRESS STREET

SERVICE ADDRESS POST OFFICE

CYCLE	DIST	BOOK	FOLIO	CR CD	FORMER BUSINESS SERVICE ADDRESS
DEPOSIT NUMBER		DEPOSIT AMOUNT			APPLICANT'S RESIDENCE ADDRESS
		00/100			

THIS SERVICE DEPOSIT IS SUBJECT TO ADJUSTMENT

OWNER OF PREMISES

NAME

TELEPHONE NUMBER

DATE

ADDRESS

APPLICANT'S INITIAL

RET. TO ACCTG.	F.S.R. AREA NO.	ON	G		DIST	PREFIX	(METER NO.)	SUFFIX	DATE EFFECTIVE		BY SUB
									MO	DA	

CREDIT DEPT. APPROVAL

DATE WANTED

CYCLE

BOOK

FOLIO

CUST. NO.

LIGHT

SCHEDULE

NEAREST CROSS STREET

POWER

METER ORDER NO.

LOAD CHECK

NEW SET

LOOK-UP NO.

D.W.O. NO.

C.W.O. / C.J.O. NO.

HOURS OF OPERATION

SQUARE FOOTAGE (AS REQUIRED)

ADDITIONAL INFORMATION

ORDER TAKEN

AT

BY

DATE

COMPLETED FIELD

COMPLETED BKPG

BY

DATE

BY

DATE

6

NAME

READ

CR. CD

SP. HND

DP. REQ

DEPOSIT AMT

BY H.L.

GSP

DEM. READ

2

00/100

RES

RANGE

WT. H

HEAT

AIR C

D.M. PR. RES

D.M. RANGE

D.M. WTR. H

D.M. HEAT

D.M. AIR C

SERVICE ADDRESS STREET

APT. NO.

SERVICE ADDRESS POST OFFICE

CA

ZIP CODE

7

IMMEDIATE PREVIOUS EDISON SERVICE ADDRESS

INST CD

LDC CD

MUL. ACC

COPIES

WO CD

CITY

8

MAILING ADDRESS

MAILING ADDRESS

MAILING ADDRESS

ZIP CODE