



**DAILY-METERED COMMERCIAL & INDUSTRIAL TRANSPORTATION PROGRAM
CUSTOMER ACCOUNT ENROLLMENT FORM**

EMAIL: SUPPLIERSERVICES@UNITIL.COM **FAX:** **603.227.4654**

ACCOUNT INFORMATION

ACCOUNT NAME: _____

UNITIL ACCOUNT NUMBER: _____

METER NUMBER: _____

SERVICE ADDRESS: _____

ACCOUNT CONTACT INFORMATION

ON-SITE CONTACT NAME: _____

JOB TITLE: _____

ON-SITE PHONE NUMBER: _____

ON-SITE EMAIL: _____

PHONE LINE INFORMATION/CERTIFICATION

PHONE LINE INSTALL DATE: _____

METER PHONE LINE NUMBER: _____

ACCOUNT SIGNATURE: _____

[PHONE LINE IS ACTIVE AND COMPLIES WITH ALL UNITIL REQUIREMENTS]

DATE: _____

PRINT NAME: _____

TITLE: _____

|