



APPLICATION FOR CREDIT

PO Box 2148 * Shelton, Washington 98584
Shelton: (360) 426-8255 FAX (360) 427-2828
Belfair: (360) 275-2833 FAX (360) 275-6674
www.masonpud3.org

This application must be filled out in its entirety in compliance with sections 114 and 315 of the Fair and Accurate Credit Transactions Act of 2003. Failure to do so may delay processing of the request to provide service. Please provide information for all persons held responsible for the account. Notice - only those persons listed as a responsible party on the account or who have received approval by way of a waiver can receive information regarding the account. The customer recognizes that opening an account constitutes an agreement to pay for utility services at the applicable and established rates and to be governed by the resolutions and policies of Public Utility District No. 3 of Mason County, Washington, which includes providing safe access to PUD property by PUD employees as required. If a lawsuit is initiated to collect any amounts due, the venue for any such action shall be in Mason County District Court at the discretion of Mason County PUD No. 3.

Account Set-Up fee \$20

Customer Information:

Please Print Clearly

Name:* SSN:* DOB:*

List any previously used names:*

Mailing address:* City/State/Zip:*

Previous addresses (last 5 years):*

Email: Home #:* Msg #:*

Employer:* Work #: Cell #:

Name:* SSN:* DOB:*

List any previously used names:*

Previous addresses (last 5 years):*

Employer:* Work #: Cell #:

Service Information:

Service address:* Initiation date requested:*

Does the meter reader need a key for access? Yes No Rent Own

Do you have a dog? Yes No Dog(s) name(s):

Do you think you may qualify for a low income senior citizen, low income disability or tribal discount? Yes No

Are you interested in any of the following programs: automatic credit card payments, electronic billing, or bank drafting from your checking account? Yes No

I affirm that the above information is correct to the best of my knowledge and that I have been provided with PUD 3's Customer Information Packet.

Signature: Date:

Signature: Date:

* Required field

For official use only:

Date Received:	_____	By:	_____	Acct#	_____	
Initiation Date:	_____	WF:	_____	Type of Action:	_____	
SSN verification:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CRA #:	_____	Alerts:	_____
Proof of Homeowner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> CIP provided		
Gov't photo ID verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type/ID#	_____		

Deposit Determination

Amount Required:	_____	Hold/Transfer:	_____	
Based on:	<input type="checkbox"/> PUD Experience	<input type="checkbox"/> CRA	<input type="checkbox"/> LOC / Cosigner _____	
YL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Shelton	<input type="checkbox"/> Belfair

Notes: _____

CID: ..
Last Name: