



W. J. Nisbeth Road #35
P. O. Box 123
Philipsburg, St. Maarten
Netherlands Antilles

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NON-RESIDENTIAL APPLICATION FORM

ORGANIZATION INFORMATION: (PLEASE PRINT)

Organization Name:

Doing Business As:

Chamber of Commerce #: Business License #:

Street: No.:

P. O. Box: Area:

Telephone: Fax: Cell:

E-mail:

Preferred Billing Method: E-Mail P. O. Box Hand Delivered

Industry:

- Accommodations Wholesale Retail Tourism Services Professional Services
 Restaurant & Bar Education Faith Health Non Profit

The undersigned declares to submit to the regulations and conditions concerning installations and conditions as stipulated and approved by the Governor of the Netherlands Antilles, the Island Territory of St. Maarten, and/or the management of NV GEBE. The customer commits to pay the total amount due to NV GEBE no later than the due date as indicated on the invoice. The undersigned also agrees to report to NV GEBE in writing within 72 hours of the connection, repair, or installation of the device, any malfunction of said device. The undersigned permits access to the premise(s), at the abovementioned address, by individuals authorized by the management of NV GEBE as may be deemed necessary in order to perform maintenance, etc. of the devices installed.

Signature Organization Representative: _____ Date: _____

LANDLORD INFORMATION (IF APPLICABLE): (PLEASE PRINT)

First Name: Initial: Last Name:

Street: No.:

P. O. Box: Area:

Telephone Home: Cell: Work:

E-mail:

The undersigned, owner or owner's agent of the premises located at the abovementioned address, hereby authorizes NV GEBE to install, repair, change and/or partially or entirely remove the electricity or water connection; also to excavate as required, trim trees and plants on the premises which could jeopardize or obstruct the electricity or water connections. The undersigned also declares to submit to the regulation and conditions concerning installations as stipulated and approved by the Governor of the Netherlands Antilles, the Island Territory of St. Maarten and/or the management of NV GEBE.

Signature Landlord: _____ Date: _____

FOR INTERNAL USE ONLY

ACCOUNT INFORMATION:

Business Partner Number: Contract Account Number:

Cost of Connection: Naf Deposit: Naf

Type of Connection:

- Existing Connection Electricity SD _____
 New Connection Water SD _____

Note: Water distribution is managed by NV GEBE on behalf of the Island Territory of St. Maarten.

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