

400 Sheldon Drive, Unit 1 Cambridge, Ontario N1T 2H9

Tel: (877) 372-7233

Email: esa.licensing@electricalsafety.on.ca

Office Use:
Account Number:
Date Created:
Created By:

APPLICATION FOR CUSTOMER ACCOUNT

Applicant Information				
Type: Corporation Partnership Proprietorship	Business Start/ Incorporation Date:	(YYYY/MM/DD)		
Legal Business Name:				
Operating Name:				
Is Business/Operating Name(s) Registered? No Yes Registration Number:				
Business Mailing Address:				
Street # Street Name (RR#, Box #, Suite, Unit) City/Town Province Postal Code Country				
Contact Person:				
Daytime Phone #: Mobile:				
Fax Number: Email:				
General Information				
Which method would you like your correspondence sent by:				
☐ Email ☐ Mail				
Specify Line of Business (See note 1 below regarding electrical contractors) :				
☐ Pole Line ☐ Renewable Energy ☐ Pool Bonding ☐ Record Search ☐ Wiring				
☐ HVAC ☐ Entertainment ☐ Training				
Other (specify): Equipment installer (specify):				
Contractor Rates: A customer must hold a valid Certificate of Qualification (C of Q) issued by the responsible authority having jurisdiction and the individual or business must have public liability and property damage insurance coverage of at least \$2,000,000 if they wish to qualify for the Contractor/Qualified Business Rates.				
☐ I acknowledge that I understand the information above, and I confirm that I/my business meet the requirements for contractor rates.				
OR I acknowledge that I understand the information above, and I confirm that I/my business do				
not meet the requirements for contractor rates and will be charged non-contractor rates.				

Principal Director(s), Officer(s), Owner(s), Partners(s) Information (Attach separate sheet if more space is required)				
Provide full legal names of all principals and their business title:				
Name:	Title:			
Name:	Title:			
Payment Terms: Net 30 days from date of invoice. Overdue amounts will be subject to late payment charges applicable at the published rate.				
I the undersigned, on behalf of the Business, certify all the information above to be true, authorize and consent to the provision and receipt of trade credit information, from and to credit grantors. I hereby apply for account status and agree to the Electrical Safety Authority's credit terms.				
Authorized Signature	Title	Date		

NOTE 1:

1. Ontario Regulation 570/05 stipulates that no person shall operate an electrical contracting business in Ontario without an electrical contracting licence issued by the Electrical Safety Authority (ESA). For more information, visit www.esasafe.com or contact Electrical Safety Authority at 1-877-372-7233.

By submitting personal information to the Electrical Safety Authority, or its agents and service providers, you agree that ESA may collect, use and disclose such personal information in accordance with its privacy policy, applicable laws or pursuant to our administrative agreement with the Province of Ontario. If you provide us with the personal information on behalf of another individual, you represent that you have all necessary authority and/or have obtained all necessary consents from such individual to enable us to collect, use and disclose such personal information for the purposes set forth in our Privacy Policy. A copy of our policy is located on our website at www.esasafe.com