



APARTMENT SIMPLIFIED APPLICATION PLAN
{Incomplete applications will result in a delay of service}

Mississippi Residents Only: Mobile Home Registration Number: (Required) _____

First Name: _____ Mid Init. _____ Last Name: _____

Birth: ____/____/____ SSN ____-____-____ Driver Lic. No.: _____ State: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: (____) _____-____ Mobile No.: (____) _____-____ Employer: _____

Email: _____ Date to Start Service: ____/____/____

Mailing Address: (Required only if different from your service address)

Street: _____ City: _____ State: _____ Zip: _____

PREVIOUS MAILING ADDRESS (Must be completed):

Street: _____ City: _____ State: _____ Zip: _____

*A deposit may be assessed during the application process. If a deposit is required and there are no additional requirements, the deposit will appear on your first bill and a confirmation will be mailed within 5 to 10 days upon processing of the application.

***** Spouse/Roommate Information *****

First Name: _____ Mid Init. _____ Last Name: _____

Birth: ____/____/____ SSN ____-____-____ Telephone No.: (____) _____-____ Dr Lic.: _____ State: _____

Do you want to transfer your service from another Entergy account that is currently in your name?

[] NO [] YES

If yes: Address moving from:

Street: _____ City: _____ State: _____ Zip: _____

If transferring, date to discontinue service at address you are moving from: ____/____/____

*When transferring, your deposit and final bill will transfer to your new account.

Would you like Entergy to send information for the following services?

[] Budget Billing

[] Draw Draft

[] Pick A Date

____/____/____
Date Completed

Apartment Representative (Signature)

Apartment Phone Number

Apartment Fax Number

Should the tenant have additional requirements regarding the application for service, Entergy will notify the owner/ manager during the processing of this application. The tenant must contact Entergy immediately to avoid interruption of service.

Entergy use only: Completed By: _____ Effective Date: ____/____/____