

CORDOVA ELECTRIC COOPERATIVE, INC.
APPLICATION FOR ELECTRIC SERVICE

Membership Name: _____

Mailing Address: _____

Permanent Address, if not Cordova: _____

Previous Address: _____

Phone Number, Daytime: _____ Evening: _____

Date of Birth: _____ Tax Identification No. (SSN): _____

Driver's License: State: _____ Number: _____

Employers: _____

Employer Address: _____ Telephone #: _____

Close Relative: _____ Relationship: _____

Address: _____ Telephone #: _____

Own/Rent? _____ Landlords Name: _____

Spouse or Co-Member's Name: _____

Date of Birth: _____ Tax Identification No. (SSN): _____

Address if Different: _____ Telephone #: _____

Driver's License: State: _____ Number: _____

Close Relative: _____ Relationship: _____

Address: _____ Telephone #: _____

Have you had previous electric service with CEC? _____ When? _____

What was the name(s) on that account? _____

Is there an outstanding balance on that accounts? _____

Date service is to begin: _____

Location of service: _____

Has there been electric service there before? _____

Anticipated use of service: _____ kWh/month: _____

Will life support equipment be used on the premises? _____

Name and address of a third party to be informed of any termination notice: _____

(over)

I hereby declare that I am at least eighteen years of age, that the information provided is true, accurate and complete to the best of my knowledge, and is voluntarily submitted for the purpose of receiving electric service from CEC.

I agree to abide by CEC's Tariff and Bylaws and to pay all charges as set forth in the Cooperative's Tariff. I understand that CEC mails the billing for the previous month's service between the first and fifth day of every month and payment must be received in full by the last working day of each month. Failure to pay by this date will result in written notice of past due and will subject my account to suspension if not paid within ten days. Service, if suspended, will not be restored until full payment plus a \$60.00 (during business hours) reconnect fee is received.

I understand that all patronage capital notices will be mailed to the last known address of the member.

IF A JOINT ACCOUNT, ALL PARTIES MUST SIGN.

Signed: _____ Date: _____

Signed: _____ Date: _____