

CORDOVA ELECTRIC COOPERATIVE, INC.
APPLICATION FOR ELECTRIC SERVICE

Business Name: _____
(As it appears on the business license)

Statement Mailing Address: _____

Headquarters/Home Office Address, if different from above: _____

Name of Manager or Local Contact: _____ Phone: _____

Physical Location of Business: _____

Phone Number: _____ Fax Number: _____

Date Business Started: _____ Tax I.D. No. (SSN/EIN): _____

Business License: State: _____ City: _____

Type of Ownership: Sole Partnership Corporation Other

List Owners/Officers:

_____	_____	_____
Name	Title	Phone Number

_____	_____	_____
Name	Title	Phone Number

_____	_____	_____
Name	Title	Phone Number

Date Service is to begin: _____ Service Location: _____

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....

Name and Personal Information of Person Completing Application:

Name: _____ Address: _____

_____ Phone No. _____

Driver's License: State: _____ Number: _____

Close Relative: _____ Relationship: _____

Address: _____ Phone: _____

Have you had previous electric service with CEC? _____ If Yes, When? _____

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

Is there an outstanding balance on that account? _____

I hereby declare that I am at least eighteen years of age and 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 THIS IS A CORPORATE ACCOUNT, COPIES OF THE ARTICLES OF INCORPORATION WILL BE REQUIRED AND THE PRESIDENT, SECRETARY OR AUTHORIZED AGENT MUST SIGN THE APPLICATION AND MEMBERSHIP CARD.

Signed: _____ Date: _____

Signed: _____ Date: _____

If you would like CEC to notify you of scheduled power outages and to receive our newsletter via email, please provide your email address below.

Email address: _____