

Plateau EC Application for Electric Service - Individual

The undersigned (hereafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from Plateau Electric Cooperative (the "Cooperative") on the following terms and conditions:

- 1. The Applicant will pay a \$5.00 membership fee to the Cooperative.
2. The Applicant agrees to pay for all service rendered or reserved for use when bills are rendered in accordance with the rates, rules and regulations of the Cooperative in effect at the time the service is rendered.
3. The Applicant agrees to comply with and be bound by the Articles of Incorporation, Bylaws, rules and regulations, and rate schedules of the Cooperative and acknowledges that from time to time such Bylaws, rules and regulations, and rate schedules may be altered, amended or repealed by the Cooperative in its sole discretion and that such alteration, amendment or repeal shall affect the Applicant's obligations hereunder.
4. It is agreed that the Cooperative may require, as security for payment of bills, a cash deposit or other security in such amounts as it may deem adequate. The Applicant is responsible for any and all collection fees associated with the collection of delinquent bills, which may amount to 35% of the total amount of delinquent bills, in addition to reasonable attorney fees and court costs. The Applicant acknowledges that he/she has read and understands the above.

Your application will be processed as soon as possible unless you specify a different effective date.

[ Please note requested effective date of service \_\_\_\_\_ ]

Please Print

Applicant Name \_\_\_\_\_
First Middle Last

Spouse Name \_\_\_\_\_
First Middle Last or Maiden

Previous Address \_\_\_\_\_

Membership Type: Single \_\_\_\_\_ Joint \_\_\_\_\_ (please initial)

Service For: [ ] House [ ] Apt. [ ] Mobile Home [ ] Barn [ ] Garage [ ] Other
Code: (22) (22) (22) (40) (40)

Service Address: \_\_\_\_\_
Street/Appt. #

Billing Address (if different from service address) \_\_\_\_\_

Employment:

Self: \_\_\_\_\_
Company and Address Phone Number

Spouse: \_\_\_\_\_
Company and Address Phone Number

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Spouse Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

If single membership and applicant is married, please initial one of the following:

I do not authorize this membership to be converted to a joint membership. \_\_\_\_\_ (Initial)

I authorize this membership to be automatically converted to a joint membership upon the signature of my spouse in space immediately following. \_\_\_\_\_ (Initial)

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: \_\_\_ E \_\_\_ H \_\_\_ AF \_\_\_ AS