

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acknowledges that from time to time such Bylaws, rules and regulations, and rate schedules may be altered, amended or repealed by the Cooperative in its sole discretion and that such alteration, amendment or repeal shall affect the Applicant's obligations hereunder.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

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/Apt. #

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

Office - Individual