

COMMERCIAL APPLICATION FOR SERVICE

SAVE APPLICATION TO YOUR COMPUTER TO EDIT OR PRINT

PART A: MEMBER INFORMATION

Today's Date (mm/dd/yyyy):	Requested Service Start Date (mm/dd/yyyy):	Business / Organization Registered Name:	Assumed Name (DBA): NOTE: If using an Assumed Name/DBA, attach a copy of the DBA Certificate.
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Billing Address (Street No., Street, City, State, Zip):	Attention:	Title:
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Business Main Phone:	Accounts Payable Contact Name (Last, First):	Accounts Payable Email Address	Accounts Payable Contact Number
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Service Location Physical Address (Street No., Street, City, State, Zip):	Existing Building	New Construction	Building / Suite No.:	Subdivision / Lot / Block:
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Square Footage:	Business Type
	<input type="checkbox"/> Limited Liability Co. (LLC) <input type="checkbox"/> Cooperation (INC) <input type="checkbox"/> LP / LLP / LLLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership (General)

Meter No. (if known):	Business Function	Describe
	<input type="checkbox"/> Retail <input type="checkbox"/> Health Care <input type="checkbox"/> Industrial <input type="checkbox"/> Government <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Small Commercial <input type="checkbox"/> Large Commercial <input type="checkbox"/> Other	

OWNER (Sole Proprietorship or General Partnership. Requires Social Security No. and Driver's License)	Federal Tax ID:	Electric Use Tax Exempt?	YES
Registered Agent (LLC, INC)		If yes, provide Texas Sales and Use Exemption Certificate to qualify for tax exemption.	NO

Owner / Registered Agent Name (Last, First, Middle):				Additional Authorized Agent Name (Last, First, Middle):			
Social Security Number (Owner):		Driver's License (Owner):		State:		Title:	
Primary Phone (Area Code):		Additional Phone (Area Code):		Primary Phone (Area Code):		Additional Phone (Area Code):	
<input type="checkbox"/> Mobile Number <input type="checkbox"/> Land Line		<input type="checkbox"/> Mobile Number <input type="checkbox"/> Land Line		<input type="checkbox"/> Mobile Number <input type="checkbox"/> Land Line		<input type="checkbox"/> Mobile Number <input type="checkbox"/> Land Line	
I authorize the Cooperative to use this phone number to contact me by autodialed voice or text for any Cooperative-related purposes. You may be unable to use some current or future Cooperative programs and services, including outage announcements and updates, usage notifications and courtesy termination calls if you check "NO."		<input type="checkbox"/> YES <input type="checkbox"/> NO		I authorize the Cooperative to use this phone number to contact me by autodialed voice or text for any Cooperative-related purposes. You may be unable to use some current or future Cooperative programs and services, including outage announcements and updates, usage notifications and courtesy termination calls if you check "NO."		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:				Email Address:			
Registered Agent Mailing Billing (Street No., Street, City, State, Zip):							

Please allow up to 3 business days from the requested start date for connection of an existing service.
 YOU WILL BE CONTACTED BY PHONE OR E-MAIL WITH YOUR ACCOUNT NUMBER, TOTAL FEES DUE (WHICH MAY INCLUDE A SECURITY DEPOSIT AND/OR CONNECTION FEES), AND PAYMENT METHODS.

Signature of Authorized Representative / Agent:	Print Name:	Title:	Date (mm/dd/yyyy):
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Remarks:

Become a Green Farmer with Paperless Billing
 Enroll me and send my monthly bill to my email address.

Accounts Payable
 Owner / Registered Agent
 Additional Authorized Agent

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PART B: TERMS AND AGREEMENTS

By submitting this application, you acknowledge that you have read this agreement, that you understand it and its terms and conditions, that you agree to be bound legally by it and its terms and conditions; and that you affirm the following: I agree to pay all applicable charges related to the establishment of my account, including membership fee and deposit; I agree to timely pay for electricity that is provided to me, otherwise my electric service may be discontinued; I agree that the Cooperative is not responsible for interruptions or changes in my electric service; I agree to grant or secure for Cooperative, at my own expense, necessary easements and rights of way on property owned or controlled by me and to provide suitable space on such premises for installation of facilities where such rights of way and space are necessary to provide electric service to me; I grant Cooperative's representatives, employees, and assigns rights of ingress and

egress to any premises that I own or control at all reasonable times for all Cooperative purposes; I agree that the Cooperative has the right to construct electric facilities, and to cut, trim, treat, or remove vegetation as necessary on property owned or controlled by me; I agree to abide by the Cooperative's Tariff and other documents affecting my membership in the Cooperative; I agree to provide the Cooperative updated phone number(s) in the event my phone number(s) change; I agree that the Cooperative may utilize the email address I provide for any Cooperative-related purpose; and I certify that all information I have provided in my application for service is true and correct. By submitting this application, you acknowledge that you have read this agreement; that you understand it and its terms and conditions; that you agree to be bound legally by it and its terms and conditions; and that you affirm all of the foregoing statements.