

# Business Membership Application

I (we) hereby make application for membership in Tri-County Electric Cooperative for the purpose of receiving electric and other services from the Cooperative, and agree:

- \* To accept, comply and be legally bound to the Cooperative's governing documents including the Articles of Incorporation and Bylaws.
- \* To accept, comply and be legally bound by such policies, rules, regulations and rates as may be adopted by the Cooperative or are required by law or governmental regulation.
- \* I (we) are at least 18 years of age and all information provided is complete and correct.
- \* To immediately notify the Cooperative of any changes to this information.
- \* To be responsible for the electric account(s) from the connect date to the time I (we) notify the Cooperative to disconnect or discontinue service.
- \* I (we) agree to any security light agreement in place to an existing cooperative service.

PLEASE VERIFY AND CORRECT

(1) Federal Tax Identification # \_\_\_\_\_

(2) Electric Service Address if different than the mailing address listed at left:

\_\_\_\_\_

Street or Rural Address City /State

(3) Business Phone: (    ) \_\_\_\_\_

(4) Business Owner 's Home Phone #: (    ) \_\_\_\_\_ (5) Fax #: (    ) \_\_\_\_\_

(6) Cellular Phone #: (    ) \_\_\_\_\_ (7) E-Mail Address: \_\_\_\_\_

(8) Previous Electric Utility: \_\_\_\_\_  
Name City/State

(9) (    ) Own (    ) Rent If renting or leasing, Property Owner's Name: \_\_\_\_\_

\_\_\_\_\_ (    )

Street City State Phone

(10) \_\_\_\_\_ Yes, I (we) would like to participate in Operation Round Up  
(Check)

Please submit copies of your business papers along with this signed Business Membership Application.

X \_\_\_\_\_  
Print Complete Name and Title Signature Date

X \_\_\_\_\_  
Print Complete Name and Title Signature Date

Please include any additional business partners, titles, and signatures on the reverse side of this application.