



Application for Service

Business Membership Agreement

Member Number: _____	Entered by: _____	Date: _____
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Member & Billing Information

Applicant Name _____
Name of Business or Organization

Attention _____
Primary Point of Contact (Name of Person or Department)

Mailing Address _____
Street Address or PO Box and Unit #

Business Phone _____

Cell Phone _____

Email Address _____

City _____ State _____ Zip Code _____

Service Location Information

Service Address _____
House/Building # and Street

Rent: Own:
(check one)

Landlord Name _____
 Primary Phone _____ Cell Phone / Alternate Phone _____

Landlord Address _____
Mailing Address

Landlord Email _____

Business Information

Type of Business _____ State Business License # _____ Federal ID/EIN _____

Person(s) authorized to transact business on this account (in addition to partners listed below):

Name _____	Email Address _____	Contact Phone Number _____
Name _____	Email Address _____	Contact Phone Number _____

Sole Proprietorship

Name of Proprietor _____	Date of Birth _____	Drivers License Number & State _____
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Corporation LLC Government Partnership

Corporate Officers / Members / Partners

Name _____	Title _____	Drivers License Number _____
Name _____	Title _____	Drivers License Number _____
Name _____	Title _____	Drivers License Number _____

Agreement

I agree to comply with Barrow Utilities and Electric Cooperative, Inc.'s Bylaws, any Rules and Regulations adopted pursuant thereto by the Board of Directors, and its tariffs. I agree to provide safe and unobstructed access to premises for Cooperative employees and to promptly pay all Cooperative bills and invoices by their listed due dates. I understand that my failure to comply can result in suspension of service and termination of membership. If anyone at this service location is using a life support system, please contact us at (907) 852-6166.

_____ APPLICANT SIGNATURE / TITLE	_____ PRINTED NAME OF APPLICANT / TITLE	_____ DATE
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