

Member Number \_\_\_\_\_

Account Number \_\_\_\_\_

# Non-Residential Membership Service Contract

*As a requirement for providing electric service, it is necessary to return this completed application-contract immediately to avoid disconnection. Please use the envelope provided.*

## APPLICANT

FAX Number	Types of Business /Service			
	1. <input type="checkbox"/> Sole Proprietor	2. <input type="checkbox"/> Partnership	3. <input type="checkbox"/> Corporation	4. <input type="checkbox"/> Church
Legal Name as Shown on Lease or Deed		Trade Name		
Service Address		Mailing Address (If different from service address)		
City	State	Zip Code	City	State Zip Code
Business Phone #		Requested Connect date		SIC Code
<input type="checkbox"/> Buying	<input type="checkbox"/> Own	<input type="checkbox"/> Lease/Rent	Landlord Name	Landlord Phone #
Name & relationship of person to call in an emergency:			Phone #	

### 1. SOLE PROPRIETER - List Name of Sole Proprieter

Name	Social Security #	Phone #	Cell Phone #
Home Address	City	State	Zip Code

### 2. PARTNERSHIP - List all General Partners for General or Limited

Federal Tax ID Number			
Name of General Partner	Title	Social Security #	Phone # Cell Phone #
Home Address	City	State	Zip Code
Name of General Partner	Title	Social Security #	Phone # Cell Phone #
Home Address	City	State	Zip Code
Name of Registered Agent	Federal Tax ID Number	Phone #	Cell Phone #
Address	City	State	Zip Code

### 3. CORPORATION - List Officer's Name (President, Vice President, Secretary or Treasurer)

Officer Name	Title	Federal Taxpayer ID Number	
Registered Agent	Phone #	Cell Phone #	
Address	City	State	Zip Code

### 4. CHURCH - List Trustee and Secretary/Treasurer

Trustee	Secretary/Treasurer	Federal Tax I.D. #
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The undersigned, hereinafter called the Member, agrees to become a Member of Rappahannock Electric Cooperative, a Corporation, hereinafter called the Cooperative, and the member and the Cooperative agree as follows:

- When the Cooperative makes electric energy available to Member, Member agrees to: be a Member, purchase from the Cooperative, and pay as billed to the Cooperative for all electric energy required from the Cooperative to be used on premises now owned or occupied by the Member, in accordance with the rate schedule and terms and conditions established by the Cooperative and agreed upon by the Rural Utilities Service of the United States of America. The minimum monthly charge for electric service will be that which is specified in the applicable rate. A connection fee will appear on the first billing.

2. The Member hereby grants to the Cooperative, when applicable, the right and easement to construct, operate, repair and maintain on the premises herein described, and in or upon all streets, roads, or highways abutting said premises, its electric distribution and service lines and appliances, and also the right to cut or trim trees necessary to keep them clear of all parts of the electric system.
3. The Member will comply with and be bound by the provisions of the bylaws, rules and regulations of the Cooperative, tariffs and terms and conditions filed with the State Corporation Commission, including the provision that service shall be disconnected if bills are not paid within the prescribed time period.
4. It is understood a security deposit will be required unless **satisfactory credit** has been established with REC for a period of at least 12 months. The maximum deposit amount shall not be greater than an estimated billing for two months usage for the above service location requested herein.
5. Any person or entity owing a debt to the Cooperative shall not be allowed to join in the Cooperative or receive service from the Cooperative until the debt has been paid in full or arrangements satisfactory to the Cooperative have been made for the satisfaction of the outstanding debt.
6. The acceptance of this Application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the Contract for electric service shall constitute an agreement between the Member and the Cooperative.

I certify that I am an authorized agent of the named organization with full authority to have electrical service placed in the above name.

Member's Name	Title
Member's Signature	Date

Rappahannock Electric Cooperative is required by federal government regulations to report statistical information about members by racial or ethnic identification. Completion of this form is voluntary.

**Statistical Information**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> White              |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Business           |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other _____        |

**Please Complete Both Sides And Sign**

Date Received in Office