



RURAL ELECTRIC COOPERATIVE

Where Service Matters

# APPLICATION AND AGREEMENT FOR COOPERATIVE MEMBERSHIP AND ELECTRIC SERVICE

The undersigned (herein called the Applicant) hereby applies for membership in, and agrees to purchase electric energy from, FALL RIVER RURAL ELECTRIC COOPERATIVE, INC. (hereinafter called the "Cooperative") upon the following terms and conditions:

1. When electric energy becomes available, the applicant will receive power and pay within the time period specified by the Board of Directors at rates to be determined from time to time in accordance with the bylaws of the Cooperative. Provided, however, the Cooperative may limit the amount of electric energy to be furnished for industrial uses.

2. Applicant will cause all premises to which service is extended, to be wired in accordance with specifications of the National Electric Safety Code, as amended.

3. Applicant will comply with and be bound by the provisions of the certificate of incorporation and bylaws of the Cooperative as well as such rules and regulations as may from time to time be adopted by the Cooperative.

4. Your signature on this application grants the Cooperative and its affiliates, to which Applicant may become a member, permission to contact you via phone or email in the event of emergencies, debt collection, information purposes, or for any other business reason. Your signature also authorizes the Cooperative to process an energy risk assessment through a credit reporting agency to validate identity and/or security deposit requirements. \*If a social security number is not provided, additional identification will be required prior to processing this request.

5. By becoming a member, applicant assumes no personal liability or responsibility for any debt or liabilities of the Cooperative, and it is expressly understood that under the law his/her private property cannot be attached for any such debts or liabilities.

6. This agreement shall become effective on the date service is first made available hereunder by the Cooperative to the applicant and shall extend thereafter so as to remain in effect in order that at any designated time, there shall remain a period of at least twelve (12) months remaining under this agreement. This agreement shall continue and be extended so long as applicant shall continue to receive service, and/or as may be allowed by the Cooperative. (Policy 306)

\_\_\_\_\_ Dated

### LOCATION OF PREMISES

\_\_\_\_\_ Physical Address

\_\_\_\_\_ City, State

\_\_\_\_\_ Property Owner

### ONLY FILL OUT IF THE ACCOUNT WILL BE UNDER A PERSONAL NAME

\_\_\_\_\_ Applicant Name (First, Middle Initial, Last)      \_\_\_\_\_ Co-Applicant Name (First, Middle Initial, Last)

\_\_\_\_\_ Applicant Signature      \_\_\_\_\_ Co-Applicant Signature

\_\_\_\_\_ Applicant Social Security #\*      \_\_\_\_\_ Co-Applicant Social Security #\*

\_\_\_\_\_ Applicant Date of Birth (Mo/Day/Yr)      \_\_\_\_\_ Co-Applicant Date of Birth (Mo/Day/Yr)

### ONLY FILL OUT IF THE ACCOUNT WILL BE UNDER A BUSINESS NAME

\_\_\_\_\_ Business Name      \_\_\_\_\_ Business Federal Tax ID

\_\_\_\_\_ Authorized Agent Name

\_\_\_\_\_ Authorized Agent Signature

### **OFFICE USE ONLY**

The above applicant for membership is Accepted this \_\_\_\_ day of \_\_\_\_\_

FALL RIVER RURAL ELECTRIC COOPERATIVE, INC.

By (Manager of Member Services)

Member # \_\_\_\_\_

\_\_\_\_\_ Mailing Address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

\_\_\_\_\_ Telephone Number      \_\_\_\_\_ Cell Phone Number

\_\_\_\_\_ Email Address(es)

Sign up for paperless billing?      Yes       No   
(please provide email address)

No \_\_\_\_ **DO NOT ALLOW MY BILL TO ROUND UP.** Donations will be added to the Helping Hands Fund to help those in need. All new applications will need to opt out if not wishing to participate. If not checked, you agree to contribute to the round up program and can opt out at any time.