

TENNESSEE VALLEY ELECTRIC COOPERATIVE
APPLICATION FOR MEMBERSHIP AND FOR ELECTRIC SERVICE
THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE SERVICE WILL BE INSTALLED

MEMBER'S NAME (Please print) _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

DL# _____ SS# _____

PHONE: HOME _____ CELL _____ JOINT MEMBERSHIP _____

NAME OF EMPLOYER _____ PHONE _____

SPOUSE'S NAME _____ SPOUSE SS# _____ SPOUSE DL# _____

SPOUSE'S EMPLOYER _____ PHONE _____

NAME AND PHONE # OF RELATIVE OTHER THAN AT THE ABOVE ADDRESS:

NAME: _____

ADDRESS: _____ PHONE _____

CONSUMER INFORMATION

DO YOU OWN PROPERTY WHERE SERVICE IS REQUEST? YES ___ NO ___

IF NO, WHO DOES AND ADDRESS? _____

HAVE YOU RECEIVED ELECTRIC SERVICE FROM TVEC BEFORE?

YES ___ NO ___ WHEN _____ LOCATION _____

WHAT NAME? _____

FROM WHAT ELECTRIC UTILITY DID YOU LAST RECEIVE ELECTRIC POWER? _____

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It is agreed and understood that I/We will be responsible for any and all electric billings billed under the above membership. I/We further agree that any delinquent bills will be handled according to the Cooperative's collection policies and procedures for other customers within the billing cycle. Any address changes, transfers of electric service, etc. involving the above membership certificate must be made in writing at the Cooperative Headquarters Office. **In the case of default of payment I promise to pay any legal interest on the balance due, together with any collection agency fees and reasonable attorney fees incurred to collect on this account.**

SIGNATURE OF APPLICANT

DATE

PERSON ASSISTING APPLICANT

TVEC EMPLOYEE