



P. O. Box 109 / Midway, Georgia 31320-0109 / (912) 884-3311 / 1-800-421-2343 / FAX (912) 884-2362 / www.coastalelectric.coop

APPLICATION FOR ELECTRIC SERVICE

NAME (Last, First, Middle)	(_____)_____ BUSINESS PHONE
LOT NUMBER, SUBDIVISION	EMPLOYER'S NAME
SERVICE ADDRESS	EMPLOYMENT ADDRESS
MAILING ADDRESS (if different from above)	SPOUSE'S NAME
CITY STATE ZIP	SOCIAL SECURITY NUMBER OF SPOUSE
DRIVER'S LICENSE NUMBER STATE	NEXT OF KIN RELATIONSHIP
SOCIAL SECURITY NUMBER	NEXT OF KIN ADDRESS
(_____)_____ HOME PHONE	(_____)_____ NEXT OF KIN PHONE NUMBER
DATE SERVICE IS DESIRED	LANDLORD PHONE NUMBER

Have you ever had service with Coastal Electric Cooperative previously? Yes No

I hereby reject the voluntary Operation Round Up® contribution (initial only if rejecting contribution). _____

I, the above named applicant, (hereinafter called the Member-Owner), hereby apply for electric service and agree to purchase electric from Coastal Electric Cooperative (hereinafter called the Corporation), under the following terms and conditions.

1. The Member-Owner will pay deposits, service charges, and/or membership fees as indicated below.

Membership Fee	\$5.00	(REFUNDABLE)
Deposit	_____	(REFUNDABLE)
Service Charge	_____	(NON-REFUNDABLE)
TOTAL	_____	(DUE WITH APPLICATION)

2. The Member-Owner will comply and be bound by the provisions of the Bylaws of the Corporation and the Service Rules and Regulations.

Accepted this _____ day of _____, 20_____

COASTAL ELECTRIC COOPERATIVE

SIGNATURE OF CORPORATION EMPLOYEE	SIGNATURE OF MEMBER-OWNER
ACCOUNT NUMBER / S/O #	TITLE (IF COMMERCIAL APPLICATION)