



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 |
| COMPANY NAME (Commercial Membership Only) | 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 energy 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 | <u> \$5.00 </u> | (REFUNDABLE) |
| Deposit | <u> </u> | (REFUNDABLE) |
| Service Charge | <u> </u> | (NON-REFUNDABLE) |
| TOTAL | <u> </u> | (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) |