

A&N ELECTRIC COOPERATIVE BUSINESS SERVICE APPLICATION

\$5.00 Membership Fee
\$20.00 Connection/Transfer Fee
\$ Deposit (Installment 1)
\$ Amount Due to Connect
\$ Deposit (Installment 2)
\$ Deposit (Installment 3)

Please complete this Service Application, sign the Membership Application, and return with appropriate fees and a copy of Photo ID (if a personal account) and Proof of Social Security Number/Federal ID Number. Please print clearly.

****Please set this account up - in the name of the business only ___ my name ___ both ___

Business Name _____ Federal ID # _____

Name of person requesting service _____ Social Security # _____

Type of Business _____

Phone # (____) _____ - _____ mobile # (____) _____ - _____ Fax # (____) _____ - _____

e-mail address _____

Mailing Address _____
Po Box or Street City State Zip

911 address of property to be connected: _____

Development name _____ Park _____ Section _____ Lot# _____

Description of Building _____

Type of heat (circle one) - Electric / Kerosene-oil / Gas / Wood

Date service should be connected/transferred _____ / _____ / _____

Is this business a member of ANEC now? yes / no

Has this business ever been a member of ANEC? yes / no When? _____

Do you rent / own? (circle one) If rent, name & phone # of landlord _____

Are you presently receiving service from us at another location? yes / no

If so, should that service be disconnected? yes / no Date to disconnect: _____

In case of multiple services, indicate which of your accounts is to be disconnected. _____

There is a monthly charge for Cooperative owned security lights.

Is there a security light at this location? yes/no Would you like the light to be connected? yes/no

MEMBERS HELPING MEMBERS

I would like to help less fortunate citizens in my community with their electric bill with my monthly contribution of \$1.00 to Members Helping Members, a 501(c)(3) **tax exempt** organization. By signing below, I agree that my tax deductible contribution of \$1.00 will be added to my monthly bill until I notify ANEC to stop the contribution.

Apply to all accounts in my name yes / no If no, apply to Account #(s) _____

Signature _____ Date _____

(BUSINESS)