

Southern Rivers Energy



A Touchstone Energy® Cooperative



P.O. Box 40 1367 Highway 341 South Barnesville, GA 30204 Phone (770) 358-1383 Toll Free (877) 358-1383 Fax 770-358-9417

COMMERCIAL APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

The Undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from Southern Rivers Energy (hereinafter called the "Cooperative") upon the following conditions:

1. The Applicant will pay to the cooperative the sum of \$5.00 which, if this application is accepted by the cooperative, will constitute the Applicant's Membership Fee. A credit verification may be required.
2. The Applicant will pay such minimum bill as from time to time may be established, or such minimum bill as may be set forth in service contract.
3. The Applicant will cause his premises to be wired in accordance with wiring specification approved by the Cooperative.
4. The Applicant will comply with and be bound by the provisions of the certificate of incorporation and bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
5. The Applicant, by paying a Membership fee and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under law his private property cannot be attached for any such debts or liabilities.
6. The Applicant will provide access for Cooperative employees to routinely read the meter and perform normal maintenance of Cooperative facilities on his property.
7. _____

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the contract for electric service shall continue in force for one year from the date service is made available by the Cooperative to the Applicant, and thereafter until cancelled by at least 30 days written notice given by either party to the other.

BUSINESS AND BILLING NAME:

Mail in Care of Name (If other than above)

MAILING ADDRESS:

(Street) (City) (State) (Zip)

PHYSICAL SERVICE ADDRESS:

(Your 911 address**Required**cannot be a P.O.Box)

(Street) (City) (State) (Zip)

BUSINESS PHONE #:

Alternative Phone #:

Federal Tax Identification Number:

Operation Round Up: Yes No

Sole Proprietor Partnership Corporation - If sole proprietor or partnership, is service being received from Southern Rivers Energy at another location? Yes No If yes, where?

Home address of individual or partners:

(Name) (Street) (City) (State) (Zip)

(Name) (Street) (City) (State) (Zip)

List additional partners on reverse side.

President:

Vice President:

Treasurer:

Signature:

Title:

Date:

Regional or national firms- Show local office and department responsible for utilities, in lieu of corporate officers.

OFFICE USE ONLY

MEMBERSHIP FEE: \$5.00

METER DEPOSIT:\$

TOTAL:\$

ACCOUNT NUMBER:

METER NUMBER:

ERT #:

LOCATION #:

SERVICE ORDER #:

Accepted by SRE Representative:

Date:

This institution is and equal opportunity provider and employer.