# Adams-Columbia Electric Cooperative

# Commercial Application for Service

Please fill out completely, sign, date, and return immediately.
This application is **required** to meet membership obligations.

*If you have questions, please contact one of our Customer Service Representatives at (800) 831-8629. To return via fax: (608) 339-7756. To return via email: acec@acecwi.com.*

Membership #: _____ Account #: _____ Security Deposit: _____ ACEC Location #: _____

*(ACEC Office Use Only)*

## Business Information:

W-9 Business Name: | Federal Tax #:

( ) Sole Proprietor      ( ) Partnership      ( ) Corporate      ( ) Other:

State of Incorporation / Formation: | Business Phone #:

## Owner:

First Name: | Middle Initial: | Last Name:

Social Security #: | Cell Phone #: | Email:

## Authorized Representative(s):

First Name: | Last Name: | Title:

First Name: | Last Name: | Title:

## Billing Address:

Mailing Address:

City: | State: | Zip:

## Service Address (if different than above):

Street Address:

City: | State: | Zip:

☐ Owner  ☐ Renter – Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone #: _____

Property Description: ☐ Residential / Rental  ☐ Agricultural, commercial, or other – please describe _____

Do you elect to be eligible for a discounted refund of patronage capital upon termination of membership as directed under #21 in the Membership Agreement? ☐ Yes  ☐ No

Have you ever received electric service from ACEC before?  ☐ Yes  ☐ No

Would you like to participate in Operation Round-Up?  ☐ Yes  ☐ No
*See Membership Agreement for more information.*

*By signing below, you are applying for and agree to become a member of ACEC and to accept all terms and conditions of membership as provided in the "Membership Agreement" included with this application. By submitting the Application, the Applicant is attesting that the information contained therein is true and correct to the best of Applicant's knowledge. If any information furnished to the Cooperative is found to be false, the Cooperative may terminate Applicant's membership in the Cooperative, disconnect electric service, and pursue any other remedies provided by law.*

_____     _____
Owner Signature                                                                      Date

_____     _____
Authorized Representative Signature                                          Date

_____     _____
Authorized Representative Signature                                          Date

ACEC Form #301 (Revised 1/21/2020)