



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 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:

Street 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