

Central Electric Power Association

Application for Business Service

APPLICATION:

- _____ Single Membership
_____ Joint Membership
_____ Existing Membership

BUSINESS TYPE:

- _____ LLC
_____ Corporation
_____ Sole Proprietorship

COMPANY NAME: _____

TAX ID NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: (_____) _____

Are you currently provided electrical service by Central Electric Power Association? _____ YES _____ NO

If no, have you been served by Central Electric Power Association in the past? _____ YES _____ NO

CONTACT INFORMATION

BILLING CONTACT NAME: _____

BILLING CONTACT PHONE NUMBER: (_____) _____ OFFICE CELL

POWER ISSUE CONTACT NAME: _____

POWER ISSUE CONTACT NUMBER: (_____) _____ OFFICE CELL

SERVICE LOCATION INFORMATION

911 ADDRESS (REQUIRED): _____

CITY, STATE, ZIP CODE: _____, MS _____

NAME OF NEAREST NEIGHBOR: _____

(If unknow, please provide driving directions to the location on th reverse side of this form)

TYPE OF SERVICE

BUSINESS HOUSE BARN, SHED, SHOP TEMPORARY TO BUILD OTHER _____

MOBILE HOME COUNTY: _____ TAX REGISTRATION: _____ AT LOCATION NOW? _____

PROPERTY OWNERSHIP: _____ OWNED BY APPLICANT _____ RENT _____ LEASE/PURCHASE _____ OTHER

Signature of Applicant

Print Name

Date