

Please send a copy of or bring your picture ID and Social Security Card with this application. Thank you.

COMMERCIAL APPLICATION

For Government Use Only
___ Statement of Non-discrimination
___ By-laws

Application Information

NOTE: Incomplete or inaccurate information may cause delays in your receiving service.

NAME OF APPLICANT _____
FIRST MIDDLE LAST

911 ADDRESS _____

MAILING ADDRESS _____

NAME OF SPOUSE _____
FIRST MIDDLE OR MAIDEN LAST

PERSON MAKING REQUEST
IF OTHER THAN APPLICANT _____
NAME RELATIONSHIP PHONE

APPLICANT INFORMATION

Social Security No. _____
Driver's License No. _____
Home Phone _____
Work Phone _____
Email Address _____

SPOUSE INFORMATION

Social Security No. _____
Driver's License No. _____
Home Phone _____
Work Phone _____

Do you presently have an account or electric service with HCEC? ___ YES ___ NO
If YES, which county ___ HOUSTON ___ TRINITY ___ ANDERSON ___ ANGELINA ___ CHEROKEE ___ LEON
___ FREESTONE ___ WALKER (permit required) ___ MADISON (permit required)

NOTICE: IF YOUR NEW SERVICE IS GOING IN MADISON OR WALKER COUNTY, WE WILL NEED A COPY OF YOUR PERMIT. IN WALKER COUNTY, CONTACT THE WALKER COUNTY UTILITY DEPARTMENT AT (936) 291-9500, EXT 46. IN MADISON COUNTY, CONTACT THE MADISON COUNTY FLOOD CONTROL OFFICE AT (936) 348-3810.

Will the service that you are applying for be ___ NEW or ___ EXISTING
If the service you are applying for has an existing meter, please provide the meter number _____

NEW SERVICE

What size is your meter loop? ___ 100 AMP ___ 200 AMP ___ 3 PHASE ___ OTHER _____
Is your meter loop ready to be inspected? ___ YES ___ NO

ELECTRIC APPLIANCES TO BE USED:

___ WASHER ___ DRYER
___ WATER HEATER
___ AIR COND. (CENTRAL) SIZE _____
___ AIR COND. (WINDOW) SIZE _____
___ HEAT (CENTRAL) SIZE _____
___ RANGE ___ OVEN ___ OTHER _____

SERVICE WILL BE FOR:

___ PERMANENT RESIDENCE
___ MOBILE HOME
___ CAMP HOUSE
___ WATER WELL
___ SHOP
___ TEMP. TO BUILD
___ COMMERCIAL
___ STORAGE

STATEMENT

The information requested under racial ethnic group is used by Houston County Electric for the purpose of collecting, analyzing, monitoring, and reporting on its equal opportunity and affirmative action efforts, including reports filed with the federal government under Title VI of the Civil Rights Act of 1964, Section 504 of the rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

Voluntary Racial/Ethnic Group

___ Black
___ Hispanic
___ White
___ Other (please describe)

Account Number _____
() Connect Fee _____
() Deposit _____
() Three Months Min. Bill _____
() One Year's Min. Bill _____
() Balance from Old Account _____
TOTAL _____

A LETTER OF CREDIT MAY BE SUBSTITUTED FOR THE DEPOSIT IF THE CUSTOMER HAS OR HAD SERVICE WITH ANOTHER ELECTRIC COMPANY FOR AT LEAST 12 MONTHS, WITH NO MORE THAN 2 LATE PAYMENTS.

APPLICATION CONTINUED ON BACK.

APPLICATION CONTINUED.

PLEASE DRAW A MAP AND GIVE DIRECTIONS TO YOUR PROPERTY FROM THE NEAREST TOWN.

THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP IN AND ELECTRIC SERVICE FROM HOUSTON COUNTY ELECTRIC COOPERATIVE, INC. BY SIGNING THE APPLICANT FURTHER CERTIFIES THE CORRECTNESS OF ALL DATA SUPPLIED ON THIS APPLICATION FOR ELECTRIC SERVICE. APPLICANT IS SUBJECT TO THE FOLLOWING CONDITIONS.

1. APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE PROVISIONS OF ALL THE ARTICLES OF INCORPORATION, TARIFF, AND BY-LAWS OF THIS COOPERATIVE OF WHICH HE WILL BE A MEMBER, AND SUCH RULES AND REGULATIONS AS MAY, FROM TIME TO TIME, BE ADOPTED BY THE COOPERATIVE, AS ESTABLISHED BY THE PUBLIC UTILITY COMMISSION OF TEXAS, PROVIDED, HOWEVER, THAT APPLICANT SHALL NOT BECOME A MEMBER OF THE COOPERATIVE UNTIL ACCEPTED FOR MEMBERSHIP BY THE BOARD OF DIRECTORS.
2. APPLICANT AGREES TO PAY COOPERATIVE THE REQUIRED MEMBERSHIP FEE PLUS ALL OTHER APPLICABLE FEES AND/OR DEPOSIT.

Signature

Date



HOUSTON COUNTY ELECTRIC COOPERATIVE, INC.

P.O. Box 52 – Loop 304 SE

Crockett, TX 75835-0052

800-657-2445

936-544-5641

FAX 936-545-1321