Please send a copy of or bring your picture ID and Social Security Card with this application. Applications will not be processed without a valid ID.



COMMERCIAL APPLICATION

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

Application Information

NOTE: Incor	mplete or inaccurate information	n may cause delays in your recei	iving service.	
NAME OF API	PLICANT			
MAILING A	DDRESSSTREET ADDRESS/PO BOX			
	STREET ADDRESS/FO BOX			
	CITY	,	STATE	ZIP
BUSINESS CO	ONTACTFIRST			
	FIRST		MIDDLE OR MAIDEN	LAST
	NFORMATION	PROPRIETOR/MANAGING I		
Tax ID No		Social Security No: Driver's License No:		
As a service		service, please pr	ovide the following:	regarding status of your account, warnings on
			Cell Phone:	
	E-Mail Address:			
		otection Act (TCPA) of 1991 and Federal		odialed messages by or on behalf of HCEC. This notice is iions. I understand that I may revoke this authorization at
	F THE SERVICE IS LOCATED IN LEG	nt or electric service with HCEC? ON, MADISON, OR WALKER COUNTY O3) 536-3158, MADISON CO:	Y WE WILL NEED A COPY OF THE F	REQUIRED PERMIT TO PROCESS THE APPLICATION.
Will the s	service that you are applying for	be NEW or EXISTING	If the service you are applying	for has an existing meter, please provide the
NEW SER				
What size	s is your meter loop? 100	AMP 200 AMP OTH	ER	
Wildt Size	1 Ph	ase 3 Phase Volt	age	PLEASE NOTE: DELAYS IN
ls your m	eter loop or riser ready to be in:	spected? YES NO		
			CONSTRUCTION ARE POSSIBLE	
	V Motor Larger than 40HP V Motor Larger than 75HP	Requires secondary metering equisconnect instead of meter loop	uipment and 20' riser pole with	DUE TO DISRUPTIONS IN
400	V Motor Larger triail / 5/11	— V disconnect instead of meter loop	•	MANUFACTURERS' SUPPLY CHAIN
ELECTRIC EQUIPMENT TO BE USED: BUSINESS TYPE:			55 11 10/11/0001	
		PROPRIETORSHIP	effective: 10/11/2021	
	Moto r HP Largest/Total HP			
AIR COND. / HEAT SIZE KW LIMITED LIABILITY COMPANY				
	_ighting Voltage		D LIABILITY PARTNERSHIP	
DDIEEI V I	DESCRIBE YOUR BUSINESS:	OTHER	(
DKIEFLI	DESCRIDE TOUR BUSINESS.			
				CTATEMENT
Г	Optional Security Lights	Security Light (S/L)	1	<u>STATEMENT</u>
	Optional Security Lights	Connect Fees	Account N	umher
Optional security lights are available to our members. S/L - If you choose to add one or more security lights to your account, you will be billed a monthly base charge S/L -		Connect i ces	() Connect Fee	
		S/L – Existing Pole \$100	` '	Deposit
			() Aid to Constr	
		S/L – New Pole \$295	() Balance from Old Acc	
		Voluntary Disconnect \$ 50	1 1	Subtotal
		-	() Optional Security	
			() Spainting Security	TOTAL

PLEASE DRAW OR ATTACH A MAP AND GIVE DIRECTIONS TO YOUR PROPERTY FROM THE NEAREST TOWN. **Gate/Combination Code:** 911 ADDRESS STREET CITY STATE ZIP THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP 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. 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. APPLICANT AUTHORIZES HCEC TO REQUEST A CREDIT REPORT FROM ONLINE UTILITY EXCHANGE. 3. APPLICANT AGREES TO PAY COOPERATIVE ALL REQUIRED FEES AND A DEPOSIT BASED ON CREDIT SCORE (IF REQUIRED).

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.

Signature

Voluntary Racial/Ethnic Group

Black

____Hispanic

___White

___Other (please describe)



Date

P.O. Box 52 - Loop 304 SE Crockett, TX 75835-0052 800-657-2445 936-544-5641 FAX 936-545-1321 www.houstoncountyelec.com