Application for Membership and for Electric Service

NORTH WEST REC
Your Touchstone Energy® Cooperative

The undersigned hereinafter called the "Applicant" hereby applies for membership in and agrees to purchase electric energy from the North West Rural Electric Cooperative (hereinafter called the "Cooperative"), an Equal Opportunity Employer, upon the following terms and conditions:

1. The Applicant will purchase from the Cooperative all central station electrical energy used on the premises. The Applicant agrees to accept the tariff that shows the applicable rate for electric service on these premises.
2. The Applicant agrees that if, at any time, the Board of Directors determine the rate under which the Cooperative purchases electric energy at wholesale is increased or decreased, or if any action by a governing body, or increased costs of operation make it necessary, the Cooperative may make a corresponding increase or decrease in the rate of service hereunder.
3. The Applicant agrees to comply with and be bound by the provisions of the Articles of Incorporation and By-laws of the Cooperative, of which he will be a member, and such rules and regulations as may, from time to time, be adopted by the Cooperative.
4. Acceptance of this application and the furnishing of the electric energy by the Cooperative to the Applicant will constitute an acceptance of the above offer to purchase electric energy. The contract between the Applicant and the Cooperative shall continue in force for one year from the date service is first furnished to the Applicant by the Cooperative and thereafter until canceled by at least thirty days written notice given by either party to the other.

Applicant Name (Please Print) _____

Business Name (Please Print) _____

Authorized Signature _____

Tax ID Number _____

Service Address _____ (Address) _____ (City) _____ (State) _____ (Zip)

Billing Address: For Electric Bills _____ (Address) _____ (City) _____ (State) _____ (Zip)

Billing Office Phone Number _____

Contact Person For Service Work _____

Email Address _____

Contact Person Cell Phone Number _____

Possession Date _____ (Month) _____ (Day) _____ (Year)

Contact Person Work Phone Number _____

office use only

Service Location _____ ***Customer #*** _____