




**Guthrie County REC**

A Touchstone Energy® Cooperative 

**GUTHRIE COUNTY RURAL ELECTRIC COOPERATIVE, INC.**

**GUTHRIE CENTER, IOWA**

Application for Membership and Electric Service

The undersigned (hereinafter known as "applicant") hereby applies for membership in and agrees to purchase electric energy from the Guthrie County Rural Electric Cooperative Association upon the following terms and conditions:

1. A deposit will be required from all members. The deposit will be based upon the highest monthly kilowatt-hour usage in the previous 12 months. A credit reference in lieu of a deposit will be accepted if such reference shows 11 on-time payments out of the previous 12- month period from your last electric provider. (New hook up – no previous usage will be \$120 deposit)
2. The applicant will, when electric energy becomes available and the meter installed, purchase from the cooperative all electric energy used on the premises described below and will pay therefore monthly rates which shall be fixed by the board of directors.
3. The applicant will cause his premises to be wired in accordance with wiring specifications approved by the cooperative.
4. The applicant will comply with and be bound by the provisions of the charter and by-laws of the cooperative, of which said applicant will be a member, and such rules and regulations as may from time to time, be adopted by the cooperative.

The acceptance of this application by the cooperative shall constitute an agreement between the applicant and the cooperative, and the contract for electric service shall continue from the date service is made available by the cooperative given by either party to the other. **(Please print.)**

**I certify that this application is true and correct to the best of my knowledge.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Applicant's Full Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Present Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's or Co-Applicant's Full Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Present Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Billing Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Occupants over the age of 18 \_\_\_\_\_

If renting, please provide landlord information below:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Type & Amount _____ / _____	Member Number & Amount _____ / _____
Customer _____	Previous Tenant _____
Account _____	Effective Date _____
Service Map Location _____	Application Taken By _____ Date _____