

Member # _____
Location # _____

Date: _____



Cuivre River Electric Cooperative

A Touchstone Energy Cooperative 

Application for Membership and Electric Service

Complete and mail to: P.O. Box 160, Troy, MO 63379 or Fax to: 636.528.7696

For assistance call: 636.528.8261, 636.695.4700 or 800.392.3709, Ext. 394

The undersigned (hereinafter referred to as "Applicant") hereby applies for electric energy service from Cuivre River Electric Cooperative (referred to hereinafter as "the Cooperative") upon the following terms and conditions:

- 1) The Applicant will purchase from the Cooperative all electric energy used on the premises described below and will pay monthly thereafter at rates to be determined from time to time in accordance with the by-laws of the Cooperative. A \$20.00 non-refundable set up fee will be added to the first month's electric bill.
- 2) The Applicant will comply with and be bound by the provisions of the charter and by-laws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
- 3) The Applicant assumes no personal liability or responsibility for any debts or liabilities of the Cooperative by reason of this application.
- 4) As a Cooperative member the Applicant shall (a) receive the *Rural Missouri/Current Times*, a monthly member newspaper which communicates the Cooperative's official notices, and (b) be included in the *Operation Round Up* program which funds the Cuivre River Electric community outreach program. (For more information, refer to the *Member Handbook* or visit www.cuivre.com)
- 5) The Applicant may be required to pay a security deposit. The Cooperative reserves the right to require payment in full before establishing service. In cases where deferred payment is authorized, the amount must be paid within 10 days of the meter connect date. The balance will be billed on the first electric bill.
- 6) The Cooperative reserves the right to charge fees to recover agency costs incurred when collecting delinquent payments.
- 7) The Applicant must designate the **predominant use** of electricity on the premises from among the choices listed below. Failure to do so will result in **sales tax liability** to the Missouri Department of Revenue. Please **check only one** category which corresponds with your **predominant use**:

Household Rental Property Owner Farming Other (specify) : _____

Name: _____ Phone: _____ Email: _____
Last First Middle

Address: _____
Street Apt.# City State Zip Code

Applicant SSN: _____ Spouse/Co-Applicant SSN: _____

Spouse/Co-Applicant Name: _____

Do You: ___ Own ___ Rent Rent from: _____

Employer: _____ Phone: _____
Name Address

Spouse/Co-Applicant Employer: _____ Phone: _____
Name Address

Emergency contact person: _____ Phone: _____

Signature(s): _____
Applicant Spouse/Co-Applicant