



PLEASE PRINT

Type of Membership [ ] Residential [ ] Business (Skip to Part 2)
If Residential [ ] Single Account [ ] Joint Account

Service Address \_\_\_\_\_
Date to Start Service \_\_\_\_\_

Part 1 Primary Applicant Information

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_
S.S. # \_\_\_\_\_ D. L. # \_\_\_\_\_
Phone # \_\_\_\_\_ Employer \_\_\_\_\_

Joint Applicant Information

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_
S.S. # \_\_\_\_\_ D. L. # \_\_\_\_\_
Phone # \_\_\_\_\_ Employer \_\_\_\_\_

Part 2 Business Applicant Information

Entity Name \_\_\_\_\_
EIN # \_\_\_\_\_
Principal Officer \_\_\_\_\_ Phone # \_\_\_\_\_

Have you or the business ever had Caney Fork Electric service? [ ] Yes [ ] No

If yes, what was the service address? \_\_\_\_\_

If yes, what name was the former account in? \_\_\_\_\_

How would you like to receive your bill? [ ] Email \_\_\_\_\_
(Please choose only one method) Email Address

[ ] Paper \_\_\_\_\_
PO Box or Street

City, State Zip \_\_\_\_\_

Would you like to enroll in automatic bank draft? [ ] Yes [ ] No

Initial \_\_\_\_\_ Consent to check credit - The Applicant(s) signed below hereby give(s) consent for Caney Fork Electric Cooperative, Inc., or any credit bureau which it may designate, to obtain any and all information concerning the applicant(s)' obligations and all other credit matters which may be required in connection with their application for electric service.

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

Joint Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CFEC Employee \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY
Account # \_\_\_\_\_
Report # \_\_\_\_\_
[ ] Green [ ] Yellow [ ] Red