



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

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.

Initial _____

Applicant's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

CFEC Employee _____ Date _____

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