

FIRELANDS ELECTRIC COOPERATIVE, INC.

PO BOX 32, NEW LONDON, OH 44851 – (419) 929-1571 – (800) 533-8658 – FAX (419) 929-5122 – billing@firelandsec.com – www.FirelandsEC.com

APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant"), hereby applies for membership in and agrees to purchase electric energy to be used at the below-listed location (the "Premises") from Firelands Electric Cooperative, Inc. (hereinafter called the "Cooperative"), upon the following terms and conditions:

1. On or before the due date of each billing Applicant shall pay, at rates fixed by the Board of Trustees of the Cooperative, all charges for electric energy and/or other services used at the Premises. In the event Applicant does not pay, in addition to all other available remedies, the Cooperative may discontinue service and before service will be resumed may require Applicant to pay for all electric energy previously used, other resulting charges and make deposit as required by the Cooperative.
2. Applicant authorizes the Cooperative to enter upon the Premises for the purpose of establishing, installing, maintaining and removing electric and/or other services.
3. Applicant agrees to comply with and be bound by the provisions of the Articles of Incorporation and the Code of Regulations of the Cooperative and any amendments thereto, and such policies, rules, and regulations as from time to time may be adopted by the Board of Trustees of the Cooperative. The Board of Trustees is entitled to change, eliminate or create new rules and regulations, in its discretion, without prior notice.
4. As a condition of membership, Applicant shall and herein does apply for a subscription to the Cooperative's monthly publication, *Country Living*, and agrees that the monthly charges for electric service shall include the cost of such subscription. The current rate for such subscription is \$ 0.51 per month (\$ 6.12 per year).
5. Applicant shall cause the premises to be wired in accordance with the National Electric Code, and any other specifications that may be required by the Cooperative, and shall indemnify and hold harmless the Cooperative against any claim, expense, injury, loss or damage resulting from defect in or improper use or maintenance thereof. In no event shall the responsibility of the Cooperative extend beyond the point at which its service wires connect to the consumer's service wires, as defined in the Cooperative's policies, rules and regulations.
6. By signing this agreement the Applicant acknowledges and agrees that the Cooperative has an easement to provide service to the applicant, and others, and that the Cooperative has access to that easement. Upon request of the Cooperative, based upon reasonable terms and conditions, the Applicant agrees to grant to the Cooperative one or more written right-of-way easements for extending and furnishing service to the Applicant, or any other Cooperative member, or for any other need of the Cooperative in constructing, operating and maintaining its electric system. The Applicant recognizes the Cooperative's right to completely clear any right-of-way of potential hazards to the Cooperative's electrical system.

The acceptance of this application by the Cooperative will constitute an agreement between the Applicant and the Cooperative, and the contract for electric service shall continue in force until canceled by notice given by either party to the other.

TO BE COMPLETED BY APPLICANT: (Please Print)

Name _____ Social Security No. _____

Mailing Address _____

Service Address _____

Home Phone _____ Cell Phone _____ Email _____

Employer & Phone or Address _____

Spouse's Name _____ Social Security No. _____

Spouse's Employer & Phone or Address _____

Spouse's Cell Phone _____

IF BUSINESS:

Type of Business _____ Federal ID No. _____

IF RENTAL:

Landlord _____ Name _____

Landlord's Phone _____ Phone _____

EMERGENCY CONTACT:

CONNECT DATE NEEDED _____

APPLICANT SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY THE COOPERATIVE:

Membership/Capital Credit No. _____ Account No. _____

Service Address _____ Map Loc. _____

Credit letter OR Deposit \$ _____ Date Paid _____

UA's checked Processed by _____ Connect/Transfer Date _____

NOTES: _____

