

**ALCORN COUNTY ELECTRIC POWER ASSOCIATION**

**APPLICATION FOR COMMERCIAL SERVICE**

**NOTICE**

To establish a commercial electric service account, all applicants must present the following items at the time of application:

- Full Name(s), Social Security Number(s) and valid, government-issued identification for authorized representatives
- Copy of the "Articles of Organization" (sole proprietorship/partnership) or "Articles of Incorporation" (corporations)
- Federal Tax ID Number (if applicable)

**SERVICE ADDRESS INFORMATION**

Own  Lease/Rent    If leasing/renting property, Landlord Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMMERCIAL APPLICANT INFORMATION**

Name of Business: \_\_\_\_\_

DBA (Doing Business As, if different than above): \_\_\_\_\_

Federal Tax ID No. or Social Security No. of Owner \_\_\_\_\_

Type of Business: \_\_\_\_\_

**CONTACT INFORMATION**

Name	Title/Position	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(Over)

**PERSONAL GUARANTEE**

As consideration for the advancement of electric service, we the undersigned, individually, jointly, and severally agree as follows:

- 1) In the event that the company defaults on any billed services, the undersigned agree to be held personally responsible for any remaining debt owed to the Association.
- 2) The undersigned will pay any costs associated with collections fees and attorney's fees that may have accrued as a result of the Association attempting to collect the outstanding debt.
- 3) The Association may use this agreement with any financial institution or credit reporting agency for the purpose of obtaining all personal and business financial information of any kind or nature whatsoever.

Maximum Indebtedness is \$ \_\_\_\_\_

This guarantee expires three years from the original date of the guarantee. The guarantee will automatically renew for consecutive three year periods unless sooner revoked in writing by mutual consent of the parties.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_