

**CAPE HATTERAS ELECTRIC MEMBERSHIP COOPERATIVE
BUSINESS INFORMATION FORM**

Date: _____
Business Name: _____ Federal ID # _____
Name: _____ Joint Name: _____
Business#:(252) _____ Work #: _____
Cellular #: _____ Pager #: _____
Fax #: _____ Home #: _____
Email : _____ Email : _____
May we contact you through email? YES NO
Type of Business: Individual _____ Partnership _____ Corporation _____ LLC _____
Principle Owners: _____

The above information is for the purpose of obtaining credit, and is warranted to be true. It is understood this information will be held in strictest confidence and used only by Cape Hatteras Electric Membership Cooperative Credit Department.

I agree to pay all bills upon receipt of statement and understand failure to receive a bill does not excuse me from paying. I understand that if I fail to meet my obligations, my electric service will be disconnected.

I also understand that once my electric service has been disconnected, it is my responsibility to furnish Cape Hatteras Electric Cooperative with a forwarding address.

Social Security Number	Joint Name	Social Security Number
Driver's License Number	Joint Name	Driver's License Number
Date of Birth	Joint Name	Date of Birth
Signature	Joint Name	Signature

***Please attach two copies of identification, including one photo id, with this application.**

APPLICATION FOR MEMBERSHIP IN AND FOR ELECTRIC SERVICE FROM
CAPE HATTERAS ELECTRIC COOPERATIVE

BUXTON NORTH CAROLINA 27920

The undersigned hereby applies for membership in Cape Hatteras Electric Membership Cooperative, and to that end agrees as follows:

1. To purchase from the Cooperative all central station electric power and energy used on any and all premises to which the Cooperative furnishes electric service pursuant to my membership for so long as such premises are owned or directly occupied or used by me.
2. To be bound by and to comply with all of the other provisions of the Cooperative's certificate of incorporation and bylaws, and all rules, regulations and rate schedules established pursuant thereto, as all the same now exist or may hereby be adopted or amended, and with the provisions of any supplemental contract that may, coincident herewith, be executed by me with the Cooperative.

DATE OF APPLICATION:

SIGNATURE(S) OF APPLICANT(S)

_____,20____

MEMBER NO. _____

LOCATION OF PROPERTY:

BILLING ADDRESS:

