

Central Electric Power Association

Application for Business Service

APPLICATION:

- Single Membership
 Joint Membership
 Existing Membership

Enroll in Paperless Billing

BUSINESS TYPE:

- LLC
 Corporation
 Sole Proprietorship

COMPANY NAME: _____

TAX ID NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: (_____) _____ E-MAIL ADDRESS: _____

Are you currently provided electrical service by Central Electric Power Association? YES NO

If no, have you been served by Central Electric Power Association in the past? YES NO

CONTACT INFORMATION

BILLING CONTACT NAME: _____

BILLING CONTACT PHONE NUMBER: (_____) _____ OFFICE CELL

POWER ISSUE CONTACT NAME: _____

POWER ISSUE CONTACT NUMBER: (_____) _____ OFFICE CELL

SERVICE LOCATION INFORMATION

911 ADDRESS (REQUIRED): _____

CITY, STATE, ZIP CODE: _____, MS _____

NAME OF NEAREST NEIGHBOR: _____

(If unknown, please provide driving directions to the location on th reverse side of this form)

TYPE OF SERVICE

BUSINESS HOUSE BARN, SHED, SHOP TEMPORARY TO BUILD OTHER _____

MOBILE HOME COUNTY: _____ TAX REGISTRATION: _____ AT LOCATION NOW? _____

PROPERTY OWNERSHIP: OWNED BY APPLICANT RENT LEASE/PURCHASE OTHER

Signature of Applicant

Print Name

Date