

# Central Electric Power Association

## Application for Business Service

APPLICATION:

- \_\_\_\_\_ Single Membership  
\_\_\_\_\_ Joint Membership  
\_\_\_\_\_ Existing Membership

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

PHYSICAL 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