



FULTON COUNTY REMC

1448 W STATE ROAD 14

PO BOX 230

ROCHESTER IN 46975

PHONE: 574-223-3156 FAX: 574-223-4353

www.fultoncountyremc.coop

BUSINESS APPLICATION

COMPANY NAME: _____

FEDERAL ID #: _____ DATE OF INCORPORATION: _____

BILLING ADDRESS: _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____

ADDRESS OF CONNECTING SERVICE: _____

CITY: _____ STATE _____ ZIP _____

SERVICE CONNECT DATE: _____

HAVE YOU EVER HAD ELECTRICITY WITH FULTON COUNTY REMC BEFORE? YES _____ NO _____

IF YES, UNDER WHAT NAME WERE YOU BILLED: _____

We require a membership fee of \$35.00 to be paid prior to service connection/transfer.

The membership fee is refundable when the last service in your name is disconnected.

We require a \$200.00 deposit to be paid prior to service connection/transfer.

This deposit will be applied to your account after the bill has been paid on time 12 months in a row.

All bills are due upon receipt, delinquent after the 20th of each month at which time a 3% penalty will be added.

APPLICATION FOR MEMBERSHIP & SERVICE

I hereby request electric service from the Fulton County Rural Electric Membership Corporation and herewith make application for membership in this cooperative. I agree to purchase all electric energy used on my premises covered under this application, and agree to be bound by the Articles of Incorporation, the By-Laws and amendments thereto, and such rules and regulations as may be adopted from time to time by the Board of Directors.

By signing below, I hereby state that all the above information is true and correct.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____