

Arab Electric Cooperative



Business Information – Application for New Service

Personal Information

Business Name: _____

New Address: _____

Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP Code _____

Business Phone: () _____ Alternate Phone: () _____

Business Contact _____

Business EIN: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

*** Schedule Date to Turn on Service at Location:**

MM / DD / Year

*NOTICE: Service cannot be left on at both locations for longer than 10 days without posting an additional deposit.

Member Signature: _____

Member Signature: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Phone: () _____

PICTURE ID IS REQUIRED Please present with completed application to the customer service representative.