Amicalola
Electric Membership Corporation
544 Hwy 515 South
Jasper, GA 30143
Telephone: (706) 253-5200
Fax: (706) 253-5213

A/C# _____
Date: _____
By: _____
SVO# _____

SERVICE APPLICATION

Applicant's Legal Name: _____
S.S.# / Federal ID _____ Driver's License # _____
Billing Address: _____

_____ _____ _____
City *State* *Zip Code*

Previous Mailing Address: _____
Phone # [ ] _____ Mobile # [ ] _____
Spouse _____ Spouse S.S.# _____
E-mail: _____
Applicant's Employer: _____ Phone # [ ] _____
Spouse Employer: _____ Phone # [ ] _____
Nearest Relative: _____ relationship _____
Or Contact: _____

"SERVICE REQUEST"
County: _____ Desire Date: _____
Service Address: _____

Own: _____ Property Owner: _____
Rent: _____ Address: _____

Type of Service: (house) _____ (mobile home) _____ (temp) _____ (S/L) _____ (other) _____

Directions to Property: _____

_____

_____

Applicant acknowledges that at the time he/she signed this application he/she received a copy of the Bylaws, Rules and Regulations and the Statement of Nondiscrimination. These Bylaws will require applicant to provide an easement for electric service to another member of the cooperative if required.

In the event your account is delinquent and collected through an attorney or a collection agency, additional collection fees and interest will be charged to your account. Applicant acknowledges and consents to the Cooperative receiving and obtaining applicant's credit report.

Signature of Applicant: _____ Date: _____

Membership Fee	$ _____
Consumer Deposit	$ _____
Processing Fee (nonrefundable)	$ _____
Total	$ _____

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