



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

Account # _____
 Fees: _____
 Date: _____

Commercial Service Application

Name of Business: _____
 (Exact incorporation name)
 DBA: (if applicable) _____

Type Organization: _____
 (Corp, LLC, Partnership, Sole Ownership, Gov't Agency, Other)

Owner(s), Partners or Officers Name & Title: _____

Type Business: _____ Business size: (sq. ft.) _____
 (Office, Restaurant, Retail, Manufacturer, Distributor, Other)

Date Business Started: _____

Sales Tax Status:(Indicate exempt or non exempt) _____
 NAICS: _____ DUNS: _____
 Federal ID #: _____ State of Incorporation: _____

Address Where Service Is To Be Connected: _____

City/State/Zip _____

Desire Date: _____

Mailing Address if different than Service Address: _____

City/State/Zip _____

Contact Information: Business Number: _____
 Other: _____
 Contact Person: _____
 Daytime Telephone Number: _____
 Email Address: _____

Applicant acknowledges that at the time this application was signed, a copy of the Bylaws, Rules and Regulations and the Statement of Nondiscrimination was made available. These Bylaws will require applicant to provide an easement for electric service.

In the event this 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. *Please include a copy of your picture I.D. with application.

 (Name of Corporation)

 (Principal Officer)

 (Date)

(Corporate SEAL)