



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.

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 _____

*Please include a copy of your driver's license with application.

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

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