

Southern Rivers Energy[®]



A Touchstone Energy[®] Cooperative 

P.O. Box 40 / 1367 Highway 341 South / Barnesville, Georgia 30204 / Phone (770) 358-1383 / Toll Free (877) 358-1383

RESIDENTIAL APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE

The Undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from Southern Rivers Energy (hereinafter called the "Cooperative") upon the following conditions:

1. The Applicant will pay to the Cooperative the sum of \$5.00 which, if this application is accepted by the Cooperative, will constitute the Applicant's Membership Fee. A credit verification may be required.
2. The Applicant will pay such minimum bill as from time to time may be established, or such minimum bill as may be set forth in service contract.
3. The Applicant will cause his premises to be wired in accordance with wiring specifications approved by the Cooperative.
4. The Applicant will comply with and be bound by the provisions of the certificate of incorporation and bylaws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.
5. The Applicant, by paying a Membership fee and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under law his private property cannot be attached for any such debts or liabilities.
6. The Applicant will provide access for Cooperative employees to routinely read the meter and to perform normal maintenance of Cooperative facilities on his property.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the contract of electric service shall continue in force for one year from the date service is made available by the Cooperative to the Applicant, and thereafter until cancelled by at least 30 days written notice given by either party to the other.

NAME:

LAST

FIRST

MIDDLE

Mail in Care of Name (If other than above)

MAILING ADDRESS:

(Street)

(City)

(State)

(Zip)

PHYSICAL SERVICE ADDRESS: (Your 911 address**Required**cannot be a P.O.Box)

(Street)

(City)

(State)

(Zip)

LAST ADDRESS:

(Street)

(City)

(State)

(Zip)

HOME PHONE #:

WORK PHONE #:

CELL PHONE #:

DRIVERS LICENSE #:

SOCIAL SECURITY #:

SPOUSE'S NAME:

SPOUSE'S SOCIAL SECURITY #:

PLACE OF EMPLOYMENT:

EMPLOYERS ADDRESS:

RENT OWNER NEW TEMP

TYPE OF SERVICE: Residence Pump Mobile Home Clubhouse Other

EMAIL ADDRESS:

OPERATION ROUNDUP: Yes No

SIGNATURE OF APPLICANT:

Printed Name of Applicant:

DATE:

OFFICE USE ONLY

MEMBERSHIP FEE: \$5.00

METER DEPOSIT:\$

TOTAL: \$

ACCOUNT NUMBER:

METER NUMBER:

ERT # :

LOCATION #:

SERVICE ORDER #:

Accepted by SRE Representative:

Date:

This institution is an equal opportunity provider and employer.