

Member Account Number

## COMMERCIAL MEMBERSHIP APPLICATION AND SERVICE CONTRACT

me (print)	Name (print)
ntact Information:	Contact Information:
Address	Address
City, State & Zip	
Phone Number	Phone Number
me (print)	Name (print)
ntact Information:	Contact Information:
Address	Address
City, State & Zip	City, State & Zip
Phone Number	Phone Number
me (print)	Name (print)
ntact Information:	Contact Information:
Address	Address
City, State & Zip	City, State & Zip
Phone Number	Phone Number
Deposit Paid in Full  Good Credit	Letter of Good Credit/Guarantor   Surety Bond

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase energy from the Wheatland Electric Cooperative, Inc. (hereinafter called "Wheatland") under the following terms and conditions:

- A. Applicant agrees to the terms and conditions of Wheatland's By-Laws and Rules and Regulations. Wheatland's By-Laws, and Rules and Regulations can be accessed at <a href="www.weci.net">www.weci.net</a>. If Applicant does not have access to the Wheatland Website, please contact your local office and they will be provided upon request.
- B. Applicant shall not be liable for any debts or liabilities of Wheatland.
- C. The Membership evidenced hereby is not transferable except as provided for in Wheatland's By-Laws and may be terminated as provided for in Wheatland's By-Laws.
- D. Applicant agrees to allow Wheatland to transfer any balances which may remain on any account(s) billed Applicant to any other account which currently is billed to Applicant or may be billed to the Applicant in the future.
- E. Applicant is responsible for notifying Wheatland of any changes to their contact information.
- F. Wheatland participates in the "Red Flag Rule" Identity Theft Prevention and Protection. A government issued photo identification is required to protect the identity of Applicants.



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Date		Member Account Number	
City		Photo ID □ Applicant Photo ID Co-Applicant □	
	Business Name		
	Service Address Locat	tion	
	Billing Mailing Addre	ess	
	City, State, Zip		
	Applicant (print)	Co-Applicant (print) □ (Co-Applicant must sign Appli	cation)
	Applicant (sign)	Co-Applicant (sign)	
	SS#	SS#	
	FED#	FED#	
	Applicant Social Security # or FED ID #		
	Applicant Business Phone Number	Co-Applicant Business Phone Number	
	Applicant Phone Number Home   Cell	☐ Co-Applicant Phone Number Home ☐ Cell ☐	]
	Applicant E-Mail	Co-Applicant E-Mail	
Accou	nts Payable Contact	Phone Number	
Service	e Work Contact	Phone Number	
Corpo	rate Office Contact	Phone Number	