

BUSINESS ACCOUNT APPLICATION

Attention to: _____

CARROLL ELECTRIC COOPERATIVE CORPORATION
APPLICATION FOR MEMBERSHIP
AND/OR ELECTRIC SERVICE

Complete and Return

The applicant, whose signature appears below, applies to the CARROLL ELECTRIC COOPERATIVE CORPORATION of Berryville, Arkansas, (hereinafter called the "Cooperative") for membership and electric service to be supplied at the location herein described and, upon request, at any other location within the area served by this Cooperative.

Date Service Desired _____ Connect Date _____

Company Name _____

Fed Tax ID _____

Corporation Yes No

Work Phone No. _____

(PRINT) Guarantor for company _____

Title _____

Contact Phone No. _____

Email Address _____

Billing Address _____

The Applicant agrees to conform to and abide by the bylaws and regulations of the Cooperative; to pay for said service as bills are due in accordance with the rates, rules, and regulations as now exist or as may hereafter be adopted; and authorizes the Cooperative to verify information provided, including the use of any credit reporting agency to verify identity. The Applicant agrees to keep the Cooperative informed of the current mailing address.

Address of meter (if different than billing address) _____

The Applicant will cause his premises to be wired in accordance with wiring specifications of the appropriate governing jurisdiction and the Cooperative assumes no responsibility for loss or damage due to defective wiring and/or equipment located on the Applicant's side of the meter installation.

Lot _____ Block _____ Phase _____ Subdivision _____

The Cooperative shall use reasonable diligence to provide a constant and uninterrupted supply of electric power and energy hereunder. If the supply of electric power and energy shall fail or be interrupted, or become defective through acts of God, governmental authority, action of the elements, public enemy, accident, strikes, labor troubles, required maintenance work, inability to serve right-of-way, or any cause beyond the reasonable control of the Cooperative, the Cooperative shall not be liable therefore or for damages caused thereby.

I HEREBY APPLY TO THE CARROLL ELECTRIC COOPERATIVE CORPORATION FOR MEMBERSHIP AND/OR ELECTRIC SERVICE IN ACCORDANCE WITH THE TERMS AND CONDITIONS APPEARING ABOVE.

The Cooperative agrees to furnish electrical service at the standard 120/240 volts, AC, unless otherwise stated in accordance with the approved schedules, rules and regulations.

Guarantor Signature _____ Date _____

The undersigned guarantor obligates himself personally to make payment of any charges made by the Cooperative to the applicant for an electric service to be supplied at the location described.

Applicant Signature _____ Date _____

If there is a SECURITY LIGHT at this location, would you like to keep it?

Yes No

Electronic billing (eBilling) Yes No

eBilling Email Address _____

CECC USE ONLY

Account Location No. _____

Account No. _____ Member No. _____

Carroll Electric is an equal opportunity employer and provider.



Your Local Energy Partner

Application for Commercial Service Checklist

To: _____ Date: _____
Service for: _____ Location No: _____

THE ITEMS CHECKED BELOW APPLY TO YOUR APPLICATION FOR ELECTRIC SERVICE

- Application for Service form must be signed and returned.
- *See Note Below*** Photocopy of proper form of identification: (Drivers License or State ID Card, Military ID, Passport, I-551 (Permanent Resident Card/Green Card) or Mexican Consular ID Card).
- W/9 Form
- Membership fee of \$25.00 (refundable) must be paid.
- Connect / Transfer of Service fee of \$40.00 (non-refundable) must be paid.
- Service Deposit is based on transformer size. In lieu of cash deposit, you may provide either a surety bond or irrevocable bank letter of credit. Deposit Amount: \$ _____
- Please give connect / transfer date. _____
- Bank draft form attached; please provide a voided check if you would like this service.

IF A SECURITY LIGHT IS LOCATED AT THIS ACCOUNT LOCATION, PLEASE CHECK THE BELOW BOXES ACCORDINGLY.

- I choose to keep the security light(s) that are currently connected at my account location and agree to pay the associated monthly service fee(s).
- I choose to disconnect the security light(s) that are currently connected at my account location and do not want to pay the associated monthly service fee(s). I also understand that if I were to choose to reconnect the security light(s) at a later date, a security light reconnect fee of \$50.00 will be charged per light.

Note:

For Corporations: Please Provide

1. Notarized affidavit from an "Officer" of the company stating that whoever is signing the application has authority to do so.
2. Federal Tax ID Number

For Non Corporations: Please Provide

1. Driver's License
2. Social Security Number

Please return the requested documents to our office via the information below. You may also fax the requested documents to us at 870-423-4815.

If you have any further questions, please contact us at 800-432-9720.

Bentonville
707 SE Walton Blvd.
PO Box 329
Bentonville, AR 72712
(479) 273-2421

Berryville
920 Hwy. 62 Spur
PO Box 4000
Berryville, AR 72616
(870) 423-2161

Huntsville
5056 Hwy. 412 B
PO Box 280
Huntsville, AR 72740
(479) 738-2217

Jasper
511 E Court St.
PO Box 389
Jasper, AR 72641
(870) 446-5114

Simplify with eServices from Carroll Electric



- Automatically pay each month using a bank account or credit card.
- Bill is drafted on the due date.
- Free when set up using checking or savings.
- A transaction fee applies when using a credit card.*
- Eliminates shut-off notices and late fees.
- Convenient and trusted by thousands of members.
- Helps preserve low electric rates.

*A pass-through fee from credit card processing vendor. The Cooperative receives no benefit from this fee.



- An email is sent when monthly bill is available.
- View bill online through myAccount.
- Paperless.
- Saves postage.
- Links to newsletters and other communications.
- The perfect partner for *eDraft*.

Name:

eDraft: *Checking*
 Savings

CECC Account
Number(s):

Daytime Phone:

Start Date*:

Bank Name:

Bank City/State:

Bank Routing Number (max of 9 numbers):

Bank Account Number (max. of 15 numbers):

Name(s) on Bank Account:

eBilling**: Email address:

- Complete and send this form with a voided check to:

Carroll Electric Cooperative
PO Box 4000
Berryville, AR 72616

- or go to carrollecc.com.
- or visit one of our convenient locations: Bentonville, Berryville, Huntsville or Jasper.

*Must provide minimum of 5 business days notice prior to due date.

**Must establish myAccount ID and password to view bills. See myaccount.carrollecc.com for details.