

APPLICATION FOR ELECTRIC SERVICE AND CO-OP MEMBERSHIP

PO Box 40, OAKDALE, WI 54649 | 800-241-2468 | FAX 608-372-5173 | WWW.OAKDALEREC.COM

Please complete the application in its entirety, with your signature(s) on the back, and return to us immediately. This information is used by Oakdale Electric Cooperative for identification purposes only and will be kept confidential.

Oakdale Electric Cooperative has a responsibility to keep your personal information safe, secure, and confidential.

- ◆ We will only collect, store and use information for business purposes.
- ◆ We do not trade or sell personal information to third parties.

APPLICANT			
NAME: (FIRST, MI, LAST)		SOCIAL SECURITY #:	
MAIDEN NAME:		DATE OF BIRTH:	
HOME PHONE #:		CELL #:	WORK #:
EMAIL ADDRESS:			
EMPLOYER:			
SERVICE ADDRESS:			
BILLING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)			
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	PROPERTY OWNER:	
TYPE OF SERVICE:			
PRIMARY RESIDENCE <input type="checkbox"/>	DAIRY FARM <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	PUBLIC BUILDING <input type="checkbox"/>
SEASONAL <input type="checkbox"/>	FARM—OTHER <input type="checkbox"/>	IRRIGATION <input type="checkbox"/>	OTHER <input type="checkbox"/>
MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	IF MARRIED, PLEASE COMPLETE SPOUSE INFORMATION BELOW	

CO-APPLICANT			
NAME: (FIRST, MI, LAST)		SOCIAL SECURITY #:	
MAIDEN NAME:		DATE OF BIRTH:	
HOME PHONE #:		CELL #:	WORK #:
EMAIL ADDRESS:			
EMPLOYER:			

COMMERCIAL SERVICE ONLY			
BUSINESS NAME:			
TAX EXEMPT: NO <input type="checkbox"/> YES <input type="checkbox"/>		IF YES, PLEASE PROVIDE FORM.	
TYPE OF BUSINESS:			
LIMITED LIABILITY CORP <input type="checkbox"/>	INCORPORATED <input type="checkbox"/>	SOLE PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
ADDRESS:			
FEDERAL ID/SOCIAL SECURITY:			
CONTACT PERSON:		CELL #:	WORK #:
EMAIL ADDRESS:			

AGREEMENT CONTINUED ON BACK. SIGNATURE REQUIRED ON BACK.



OFFICE USE ONLY	
OEC LOCATION:	MESSAGE <input type="checkbox"/>
MEMBER #:	VERIFY <input type="checkbox"/>
DEPOSIT: YES <input type="checkbox"/> NO <input type="checkbox"/>	EDIT <input type="checkbox"/>
<input type="checkbox"/> OWNER APPLICATION	

The undersigned applicant hereby applies for electric services from Oakdale Electric Cooperative together with membership therein effective upon receipt of such services.

Applicant agrees:

1. To grant the Cooperative the right to enter their property for the purpose of installing and maintaining its facilities and the right to cut or trim any trees that might interfere with said construction and operation. Use of chemical brush control will be limited to the line right-of-way.
2. To purchase from said Cooperative all electric energy purchased for use on Applicant's premises and shall pay therefore in accordance with the rate schedule applicable to the class of service used. Production or use of electric energy on such premises, regardless of source thereof, by means of facilities which shall be interconnected with Cooperative facilities, shall be subject to appropriate regulations as shall be fixed from time to time by the Cooperative.
3. To comply with all reasonable rules and regulations applicable to such service adopted by the board of directors pursuant to the bylaws of the Cooperative.
4. That membership in the Cooperative shall be recorded in the joint names of Applicant and his or her spouse, if any, unless otherwise designated by Applicant in writing.
5. In making this application for credit, Applicant warrants that the information contained herein is true and correct and authorize the Cooperative to investigate their credit record. Applicant believes they are financially able to meet any commitments made, and agree to pay the Cooperative's charges according to the Cooperative's terms.
6. By signing the Application, Applicant hereby understands, expressly consents to and agrees that the Cooperative or its agents may, at its discretion, use a valid e-mail address(es), landline telephone number(s), and/or cellular phone number(s) disclosed to the Cooperative for communicating with Applicant and for delivering electronic notifications to Applicant through the use of an automated telephone dialing system, an artificial voice or pre-recorded voice messaging system, text messaging, and/or other communication systems.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative. The contract for electric service shall remain in force until cancelled by withdrawal of the Applicant from membership in the Cooperative.

Operation Round Up Program: As a member of OEC, I can enroll in the Operation Round Up program and my energy bill will be rounded up to the next highest dollar each month. The extra charge will benefit needy charities and community service organizations within Oakdale Electric Cooperative's service territory in accordance with the guidelines set forth by the Board of Directors. I understand that the average yearly cost for participation is about \$6.



Yes! I want to contribute to Operation Round Up.

Signature

Date

APPLICANT: _____

Signature

Date

CO-APPLICANT: _____

Signature

Date

IMPORTANT

Please help us serve you better.

***Complete, sign and return this application to
Oakdale Electric Cooperative as quickly as possible.***

Thank you!