



**JACKSON ELECTRIC COOPERATIVE**

Your Touchstone Energy® Cooperative 

N6868 County Road F, PO Box 546 • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143

<b>OFFICE USE ONLY</b>	
Member No.: _____	Location No: _____

## New Membership and Electric Services Application Form

### Welcome to Jackson Electric Cooperative

Please complete the entire application below, with your signature(s) on the back, and return to us immediately. In order to protect your identity, we will be asking the applicant and/or co-applicant for one form of government issued identification, such as a driver's license, passport, social security card ID and one other form of identification. This information is used by Jackson Electric for identification purposes only and will be kept confidential.

Jackson Electric Cooperative requires the following:

- An identity verification report using our reporting agency for a fee of \$15
- A security deposit of \$250 may be required. This deposit will be credited to your account after 12 months of timely, consecutive payments

Service Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Effective Date: \_\_\_\_\_

Primary Residence:  Yes  No  Commercial

<b>APPLICANT</b>		
NAME:		SOCIAL SECURITY #:
MAIDEN NAME:		DATE OF BIRTH:
PHONE NUMBER:	CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:		
<input type="checkbox"/> MARRIED	<input type="checkbox"/> NOT MARRIED	If married, please complete spouse information below.
EMPLOYER:		
<b>CO-APPLICANT/SPOUSE</b>		
NAME:		SOCIAL SECURITY #:
MAIDEN NAME:		DATE OF BIRTH:
PHONE NUMBER:	CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:		
EMPLOYER:		

<b>COMMERCIAL SERVICE ONLY</b>		
BUSINESS NAME:		
FEDERAL TAX ID/SOCIAL SECURITY:		
CONTACT PERSON:	CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:		

<input type="checkbox"/> OWN	<input type="checkbox"/> RENT: Name of Landlord/Property Manager:	PHONE NUMBER:
ROOMMATE NAME:		PHONE NUMBER:
ROOMMATE NAME:		PHONE NUMBER:
ROOMMATE NAME:		PHONE NUMBER:

The undersigned (hereinafter called the "Applicant") hereby applies for membership in the Jackson Electric Cooperative (hereinafter called the "Cooperative"). In consideration of the acceptance of this application, the Applicant(s) does further agree with the Cooperative as follows:

1. The Applicant will purchase from the Cooperative all electric energy purchased for use on the Applicant's premise(s) 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 premise(s), 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.
2. The Applicant shall 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 right-of-way.
3. The membership in the Cooperative shall be recorded in joint names of the Applicant and his or her spouse, if any, unless designated by the Applicant in writing.
4. The Applicant agrees to comply with and be bound by the Articles of Incorporation, the Bylaws of the Cooperative, and such policies, rules, and regulations as may from time to time be adopted by the Board of Directors.
5. The Applicant assumes neither personal liability nor responsibility for any of the debts or liabilities of the Cooperative, and it is expressly understood that under the law, his private property is exempt from execution for any such debts or liabilities.
6. Residential service only: Whenever there is a person in your household whose health or safety may be threatened by an interruption in service because of infirmities of aging, developmental or mental disabilities, the use of life support systems, or like infirmities incurred at any age, or the frailties associated with being very young, please provide the Cooperative with all the details in writing immediately from your medical provider.
7. In making this application for credit, you warrant that the information contained herein is true and correct and authorize the Cooperative to investigate your credit record. You believe you are financially able to meet any commitments you make, and you agree to pay our charges according to our terms. All charges are due and payable the 1st of the month following the date of the invoice unless otherwise specified. A late fee of \$15 or finance charge of 1.5%, the greater of which, will be charged on all past due invoices.

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.

<b>If a joint membership, each Applicant must sign below.</b>	
_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant (if applicable)	_____ Date

Signature(s) must be witnessed at the Cooperative or notarized if sent through the mail.

\_\_\_\_\_  
Jackson Electric Cooperative Employee

STATE OF WISCONSIN    )  
                                  SS.  
COUNTY OF                )

Personally came before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, the above-named \_\_\_\_\_  
\_\_\_\_\_ to me known to be the persons who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_  
Notary Public,                County, Wisconsin  
My Commission Expires \_\_\_\_\_

Jackson Electric Cooperative is an equal opportunity provider and employer.