

Customer Account Number

COMMERCIAL MEMBERSHIP APPLICATION AND SERVICE CONTRACT

Name (print)	Name (print)		
Contact Information:	Contact Information:		
Address	Address		
City, State & Zip	City, State & Zip		
Phone Number	Phone Number		
Name (print)	Name (print)		
Contact Information:	Contact Information:		
Address	Address		
City, State & Zip	City, State & Zip		
Phone Number	Phone Number		
Name (print)	Name (print)		
Contact Information:	Contact Information:		
Address	Address		
City, State & Zip			
Phone Number	Phone Number		
Deposit Paid In Full Good Credit/ Letter Required Deposit Amount if Applicable \$	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 www.weci.net. 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		Customer Account Number			
City_		Photo ID Applicant Photo ID Co-Applicant			
	Business Name				
	Service Address Loca	ation			
	Billing Mailing Address				
	City, State, Zip				
	Applicant (print)		Co-Applicant (print) □ (Co-Applicant must si	gn Application)	
	Applicant (sign)		Co-Applicant (sign)		
	SS# FED#		SS# FED#		
	Applicant Social Security # or FED ID #	#	Co-Applicant Social Security # or FED	ID#	
	Applicant Business Phone Number		Co-Applicant Business Phone Number		
	Applicant Phone Number Home Cell	- l 🗆	Co-Applicant Phone Number Home	Cell □	
	Applicant E-Mail		Co-Applicant E-Mail	-	
Accou	ents Payable Contact		Phone Number		
Servic	e Work Contact		Phone Number	_	
Corno	rate Office Contact		Phone Number		