

<b>LOEMC OFFICE USE ONLY</b>
_____
ACCOUNT #
_____
LOCATION #
_____
METER #
_____
SERVICE ORDER #
_____
CO-OP EMPLOYEE
_____
DATE

**APPLICATION FOR MEMBERSHIP FOR  
ELECTRIC SERVICE**

**Little Ocmulgee Electric Membership Corporation  
Alamo, GA**

The undersigned, \_\_\_\_\_ (hereinafter called the "Applicant"), hereby applies for membership in, and agrees to purchase electric energy from The Little Ocmulgee Electric Membership Corporation (hereinafter called the "Cooperative"), upon the following terms and conditions:

1. This application shall be accompanied by the membership fee of \$5.00 or any future applicable rate as set forth by the Board of Directors as provided for in the By-Laws of the Cooperative, together with a security deposit, service connection deposit, or contribution for aid-in-construction as required by the policies and rates of the Cooperative for each service (if applicable). With respect to any particular classification of service for which the Board of Directors shall require, such application shall be accompanied by a supplemental contract, executed by the Applicant on such form as is provided therefore by the Cooperative. No person shall hold more than one membership in the Cooperative but may have multiple services.
2. A non-refundable account establishment fee of \$15.00 will be billed to the Applicant for each application of service executed with the Cooperative (this fee is set forth by the Board of Directors of the Cooperative).
3. The Cooperative hereby agrees that upon termination of membership, the membership fee and deposit, less any obligation the Applicant may owe the Cooperative will be refunded to Applicant.
4. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises and will pay monthly rates which are fixed by the Board of Directors of the Cooperative. The rate includes a monthly service charge on all accounts in addition to the kilowatt hours consumed. All accounts will be billed monthly. All bills are due and payable upon receipt of bill. Accounts not paid by due date will be subject to a late fee (as set forth by the Board of Directors). Accounts not paid in full after the initial twenty days from date of bill shall be subject to disconnection of service. Reconnection made during regular working hours will be at the rate of \$25.00, or \$50.00 after working hours. The deposit upgrade will be two times the highest month's bill within the last twelve months (this rate is set forth by the Board of Directors).
5. The Applicant will cause his premises to be wired in accordance with wiring specifications approved by the Cooperative and the Applicant will comply with and be bound by the provisions of the By-laws of the Cooperative of which, he will be a member, and such rules and regulations as may, from time to time, be adopted by the Cooperative. Any electrical equipment installed at the Cooperative's expense shall remain its property and may be removed from premises upon termination of service.
6. The Applicant certifies that Applicant is at least 18 years of age or has been emancipated by court order or by operation of law as a result of (a) being validly married, or (b) being on active duty with the armed forces of the United States as provided by O.C.G.A § 15-11-200 et seq.

Acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative. The contract for electric service shall continue in force from the date service is made available by the Cooperative to the Applicant, and therefore until cancelled by notice given by either party to the other.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE CARRIER

**LITTLE OCMULGEE ELECTRIC MEMBERSHIP CORPORATION  
APPLICATION FOR COMMERCIAL ELECTRIC SERVICE**

COMPANY NAME \_\_\_\_\_ TAX ID \_\_\_\_\_

MAILING/ BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SALES TAX STATUS \_\_\_\_\_ (tax or tax exempt)

BUSINESS PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS ORGANIZATION: \_\_\_\_\_

(Indicate Sole Proprietorship, Partnership, LLP, LLC, Corporation, or Gov. Agency)

CREDIT INFORMATION (BANK NAME, ADDRESS, AND PHONE NUMBER)

**YOU MAY BE REQUIRED TO PROVIDE A LETTER OF CREDIT FROM YOUR BANK**

\_\_\_\_\_  
\_\_\_\_\_

TRADE REFERENCES (NAME OF BUSINESS and TELEPHONE NUMBER) PLEASE LIST THREE

**YOU MAY BE REQUIRED TO PROVIDE A LETTER OF CREDIT FROM EACH**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT AUTHORIZES LOEMC TO CHECK BANK AND BUSINESS REFERENCES TO DETERMINE**

**THE APPLICABLE DEPOSIT AMOUNT REQUIRED**

OWNER SIGNATURE \_\_\_\_\_

OR

AUTHORIZED APPLICANT SIGNATURE \_\_\_\_\_

AUTHORIZED (TITLE OR POSITION) \_\_\_\_\_

DATE: \_\_\_\_\_