

Johnson County REMC

A Touchstone Energy® Cooperative 

MEMBERSHIP APPLICATION Commercial/Industrial Membership

Johnson County REMC
P.O. Box 309
Franklin, IN 46131
(317) 736-6174 phone
(317) 736-6127 fax

Service Connect Date: _____

Business name _____

Business address _____

Service address (if different) _____

Business phone no. (____) _____ Federal ID no. _____

Principal owner's name _____

Owner's home address _____

Address

City, State, Zip Code

Other officer's name _____

Title _____

Officer's home address _____

Address

City, State, Zip Code

Prior address of business _____

Address

City, State, Zip Code

Prior (most recent) electric utility provider name and address No. of years _____

Name

Address

City, State, Zip Code

Note: a security deposit may be required and must be paid in part or in full at the time service is requested. If partial payment is made, the balance of the deposit is due and payable in full upon receipt and payment of your first monthly bill, or service will be disconnected. Disconnection will occur in a timely fashion according to normal disconnect procedure for nonpayment.

EVERYTHING I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE YOU TO INVESTIGATE MY CREDIT RECORD. I AGREE TO THE TERMS SET FORTH IN THIS APPLICATION AND UNDERSTAND THAT I AM RESPONSIBLE TO PAY COST OF COLLECTION ON DELINQUENT ACCOUNTS, WHICH COST MAY INCLUDE, BUT IS NOT LIMITED TO INTEREST, COURT COSTS, COLLECTION AGENCY FEES AND REASONABLE LEGAL FEES. I AUTHORIZE YOU TO CALL ME AT ANY OF THE PHONE NUMBERS I PROVIDED TO YOU.

Signature (Owner)

Date

..... FOR OFFICE USE ONLY

Account No. _____ Line Location _____

Meter No. _____

Membership No. _____ Rate _____

Geo-Loc _____