



Application for Electric Service And Membership

Desired Connect Date _____ **If location has never had power before, please call our office at 1-800-235-3848 to set up Appointment for Site Survey.**

Applicant's Legal Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email address _____ Fax Number _____

Home Phone # _____ Business Ph # _____ Mobile # _____

Social Security # _____

Driver's License # _____ State _____ Exp Date _____

Date of birth _____

Service Description _____ (House, Barn, etc.).

Physical Address of Service Location _____

Driving directions (If Location has never had power before) _____

Do You () Own () Rent If Rent, Name of Landlord/Rental Agency _____

Phone # of Landlord _____

A rental form completed by Landlord/Rental Agency is required.

Spouse Legal Name (If Joint Application) _____

Social Security # _____

Driver's License # _____ State _____

Exp Date _____ Date of birth _____

Business Phone # _____ Mobile Phone # _____

As Escambia River Electric Cooperative, Inc. requires a credit check before waiving security deposits, the undersigned consents and authorizes Escambia River Electric Cooperative, Inc to obtain a consumer credit report on the undersigned for such purpose. ____ Yes ____ No

I Certify That I Am At Least 18 Years Of Age And All The Above Information Is Correct To The Best Of My Knowledge.

SIGNED: _____ **DATE** _____

SPOUSE SIGNED: _____ **DATE** _____

Please Bring Application into Office, Mail or Fax Application to 850-675-8415