



# Membership Application - Commercial -

Required Information: Copy of Drivers License or Tax I.D. Certificate

<b>Office Use Only</b>	
Account No.	_____
Membership Amount	_____
Deposit	_____
Connect Fee	_____
Total	_____
Date Paid	_____
By:	_____

Name: \_\_\_\_\_  
As you want to appear on account

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Area Code &

Telephone No.: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Name of Corporate Officers: \_\_\_\_\_

Name and Address of Principle Stockholder: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Age of Company: \_\_\_\_\_

Have you previously had service with Concho Valley Electric Cooperative? YES NO If Yes, When? \_\_\_\_\_

Have you previously had service with another Cooperative? YES NO If Yes, Name \_\_\_\_\_

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

\_\_\_\_\_  
(Print name of person responsible for acct.)

\_\_\_\_\_  
Signature

D/L# \_\_\_\_\_ SS# \_\_\_\_\_ Tax ID No. \_\_\_\_\_