

**Return To:**  
 Fax: 903-583-7384  
 Email:  
 memberservices@fcec.coop



**Or Mail To:**  
 FCEC  
 P.O. Box 250  
 Bonham, TX 75418

**COMMERCIAL SERVICE APPLICATION**

Date (mm/dd/yyyy)		Business/Organization Name	
Billing Address			Business phone with Area Code
Accounts Payable Contact			
Federal Tax ID	Acct Payable Phone		Extension
Email Address:			Date Of Transfer If Existing Service
Subdivision Name		Lot	Block
Physical/911 Address			
Is This An Existing Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Previous Occupant		Meter Number

Applicant agrees to become a member and comply with and be bound by the Cooperative's articles of incorporation, bylaws and tariffs, including rate schedules and service rules. Rates may be changed by the Cooperative's board of directors in the manner provided by law. Member shall grant to Cooperative written easement(s) satisfactory to the Cooperative that are necessary for a cooperative purpose including providing electric service to Member or other members or applicants for the Cooperative's service. Your signature indicates this business/organization's acceptance of all responsibility, liabilities and assets for the requested services. Access is required for meter reading and line maintenance purposes. Member/consumer agrees to provide access for such purposes and to allow Fannin County Electric Co-op. to install a lock if there is or ever shall be a locked gate at this location.

All Applicants subject to ID verification and credit report review. False, inaccurate or incomplete information will invalidate the application until discrepancies are resolved.

**Please allow up to 3 business days from the initial scheduled date for connection of an existing service location.**

**YOU WILL BE CONTACTED BY PHONE OR E-MAIL FOR TOTAL BALANCE OF FEES DUE (WHICH MAY INCLUDE A SECURITY DEPOSIT AND/OR CONNECTION FEES), YOUR ACCOUNT NUMBER AND PAYMENT METHODS. ONCE PAYMENT IS MADE, PLEASE REPORT YOUR TRANSACTION ID# FOR SCHEDULING OF SERVICES.**

**CURRENT LEGIBLE ID PHOTOCOPY OF AUTHORIZED REPRESENTATIVE/AGENT REQUIRED**

Signature of Authorized Representative Agent		Printed Name	
Title		Date	
Remarks		<i>Office Use Only</i>	
		Membership	\$10.00
		Security Deposit	\$
		Connection Fee	\$
			\$
		Total	\$