

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



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

**RESIDENTIAL APPLICATION FOR SERVICE**

Date (mm/dd/yyyy)	Physical Address of Service Location:		Addition	Lot	Block
Applicant Name (Last, First, Middle)			Co-Applicant Name (Last, First, Middle)		
Social Security Number	Date of Birth		Social Security Number	Date of Birth	
Driver's license/State	Business Ph#		Driver's license/State	Business Ph#	
Home/Primary phone w/Area Code	Cell Phone with Area Code		Home/Primary phone w/Area Code	Cell Phone with Area Code	
Email address			Email address		
Mailing address for bill statement			Applicant Previous Mailing Address		

**CURRENT LEGIBLE PHOTOCOPY OF EACH APPLICANT'S DRIVER'S LICENSE REQUIRED WITH APPLICATION**

Is this an Existing Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Previous Occupant	Date of Transfer	Meter Number
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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. Access is required for inspection and line maintenance purposes. Member/Consumer agrees to provide access for all utility purposes. Member/Consumer agrees 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.**

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>	<b>CO-APPLICANT SIGNATURE</b>	<b>DATE</b>
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REMARKS	<i>Office Use Only</i>	
	Membership	\$10.00
	Security Deposit	\$
	Connection Fee	\$
	<b>Total</b>	<b>\$</b>