

Membership Amount \$ _____

HOLSTON ELECTRIC COOPERATIVE, INC.

Date _____

Deposit Amount \$ _____

APPLICATION FOR MEMBERSHIP

Member Separator _____

GENERAL POWER

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from Holston Electric Cooperative, Inc. (hereinafter called the "Cooperative") upon the following terms and conditions:

1. The Applicant shall pay a membership fee of \$5.00 in order to become a member of the Cooperative.
2. Members shall deposit an amount up to twice the highest monthly or estimated bill. For deposits in excess of \$500.00, in lieu of deposit, an acceptable corporate surety may be provided to the Cooperative on such terms and forms as determined by the Cooperative.
3. The Applicant shall pay a meter set charge for each new service or transfer of service.
4. The Applicant agrees to sign an industrial power contract when service exceeds fifty (50) kilowatts of demand.
5. The Applicant will, when energy becomes available, purchase from this Cooperative all electric energy used on the premises described below, provided, however, the Cooperative may limit the amount of energy to be furnished for industrial uses.
6. The Applicant will comply and be bound by the provisions of the certificate of incorporation and the bylaws of the Cooperative and such rules and regulations as may from time to time be adopted by the Cooperative.
7. The Applicant, by paying a membership fee and becoming a member, assumes no personal liabilities or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood under the law, his private property cannot be attached for any debts or liabilities of the Cooperative.
8. The Applicant, by becoming a member, will grant the Cooperative the right of easement for the construction, operation, maintenance, relocations, of the Cooperative's facilities or to read, check or repair meters located on the member's property.
9. The Applicant, by becoming a member, will grant the Cooperative the right to cut, trim, and spray trees and shrubbery to the extent necessary to keep them clear of Cooperative's electric lines or facilities and to cut down from time to time any dead, weak, leaning or dangerous trees that are tall enough to strike the Cooperative's electric lines in falling.
10. The Applicant hereby in signing this application agrees to the above stated terms and conditions and hereby acknowledges receipt of a copy of the Cooperative's bylaws and regulations which are in effect at the present time and which may change from time to time as adopted by the Cooperative.
11. A signed application for membership, signed industrial power contract, and payment of required deposit, membership fee and service fee is required before service is supplied by the Cooperative.
12. Applicant shall be responsible for all fees incurred to collect any bad debt.
13. I authorize the Cooperative to perform a credit check or obtain a credit report if necessary in its discretion and grant permission to any creditor, credit agency, collection agency, or other individual or entity to release any credit information to the Cooperative.
14. The Applicant authorizes the Cooperative and its representatives to contact the Applicant by telephone at any telephone number associated with the debtor account, including wireless telephone numbers, which could result in charges to the debtor. The Cooperative and its representatives may also contact debtors by sending text messages or emails, using any email address provided to the Cooperative. Methods of contact may include using prerecorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. Debts may be referred to an agency for collection thirty-one days after the account becomes delinquent.

Company Name _____

Signature of Applicant _____

Service Address _____

Mailing Address _____

Nature of Business: _____

Sole Proprietorship Partnership Corporation Other _____

Please list two (2) References (Bank, etc.) and Address of each.

1. _____

2. _____

Please list Names, Social Security Numbers, Home Address(s) of Officers, Partners, or other Persons responsible for payment of electrical bills.

Name _____

Name _____

Social Security # / Tax ID# _____

Social Security # / Tax ID# _____

Home Address _____

Home Address _____

Phone Number _____

Phone Number _____