

Please send a copy of or bring your picture ID and Social Security Card with this application. Applications will not be processed without a valid ID.



COMMERCIAL APPLICATION

For Government Use Only
 ___ Statement of Non-discrimination
 ___ By-laws

Application Information

NOTE: Incomplete or inaccurate information may cause delays in your receiving service.

NAME OF APPLICANT _____

MAILING ADDRESS _____
 STREET ADDRESS/PO BOX _____

CITY STATE ZIP

BUSINESS CONTACT _____
 FIRST MIDDLE OR MAIDEN LAST

APPLICANT INFORMATION

Tax ID No. _____

PROPRIETOR/MANAGING PARTNER INFORMATION

Social Security No. _____

Driver's License No. _____

As a service HCEC provides electronic messages by telephone, text, or email. To obtain notices from HCEC regarding status of your account, warnings on service, please provide the following:

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

By providing this information you acknowledge and consent that you will receive future contact that delivers prerecorded or autodialed messages by or on behalf of HCEC. This notice is intended to comply with the Telephone Consumer Protection Act (TCPA) of 1991 and Federal Communications Commission regulations. I understand that I may revoke this authorization at any time by notifying HCEC in writing, by telephone, email or in person.

Do you currently have an account or electric service with HCEC? ___ YES ___ NO If YES, which county? _____

NOTICE: IF THE SERVICE IS LOCATED IN LEON, MADISON OR WALKER COUNTY WE WILL NEED A COPY OF THE REQUIRED PERMIT TO PROCESS THE APPLICATION. LEON COUNTY: (903) 536-3158, MADISON COUNTY: (936) 348-3810, WALKER COUNTY: (936) 436-4939.

Will the service that you are applying for be ___ NEW or ___ EXISTING (has previously been connected)

If the service you are applying for has an existing meter, please provide the meter number _____

NEW SERVICE

What size is your meter loop? ___ 100 AMP ___ 200 AMP ___ 1 Phase ___ 3 Phase ___ Voltage ___ OTHER : _____

Is your meter loop or riser ready to be inspected? ___ YES ___ NO

___ 240V Motor Larger than 40HP
 ___ 480V Motor Larger than 75HP



Requires secondary metering equipment and 20' riser pole with disconnect instead of meter loop.

ELECTRIC EQUIPMENT TO BE USED:

___ KW Load
 ___ Motor HP Largest/Total HP _____
 ___ AIR COND. / HEAT SIZE KW _____
 ___ Lighting Voltage _____

BUSINESS TYPE:

___ SOLE PROPRIETORSHIP
 ___ PARTNERSHIP
 ___ LIMITED LIABILITY COMPANY
 ___ LIMITED LIABILITY PARTNERSHIP
 ___ OTHER

BRIEFLY DESCRIBE YOUR BUSINESS:

STATEMENT

Optional Security Lights Security Light (S/L) Connect Fees

Optional security lights are available to our members.

If you choose to add one or more security lights to your account, you will be billed a monthly base charge of \$8 plus average monthly usage for each light you have installed.

S/L - Existing Pole	\$100
S/L - New Pole	\$295
Voluntary Disc.	\$ 50

Account Number _____

() Connect Fee _____

() Deposit _____

() Aid to Construction _____

() Balance from Old _____

Account **Subtotal** _____

() *Optional Security Light* _____

TOTAL _____

PLEASE DRAW OR ATTACH A MAP AND GIVE DIRECTIONS TO YOUR PROPERTY FROM THE NEAREST TOWN.

Gate/Combination
Code:

911 ADDRESS

STREET

CITY

STATE ZIP

THE UNDERSIGNED HEREBY APPLIES FOR MEMBERSHIP AND ELECTRIC SERVICE FROM HOUSTON COUNTY ELECTRIC COOPERATIVE, INC. BY SIGNING THE APPLICANT FURTHER CERTIFIES THE CORRECTNESS OF ALL DATA SUPPLIED ON THIS APPLICATION FOR ELECTRIC SERVICE. APPLICANT IS SUBJECT TO THE FOLLOWING CONDITIONS.

1. APPLICANT AGREES TO COMPLY WITH AND BE BOUND BY THE PROVISIONS OF ALL THE ARTICLES OF INCORPORATION, TARIFF, AND BY-LAWS OF THIS COOPERATIVE OF WHICH HE WILL BE A MEMBER, AND SUCH RULES AND REGULATIONS AS MAY, FROM TIME TO TIME, BE ADOPTED BY THE COOPERATIVE, AS ESTABLISHED BY THE PUBLIC UTILITY COMMISSION OF TEXAS, PROVIDED, HOWEVER, THAT APPLICANT SHALL NOT BECOME A MEMBER OF THE COOPERATIVE UNTIL ACCEPTED FOR MEMBERSHIP BY THE BOARD OF DIRECTORS.
2. APPLICANT AUTHORIZES HCEC TO REQUEST A CREDIT REPORT FROM ONLINE UTILITY EXCHANGE.
3. APPLICANT AGREES TO PAY COOPERATIVE ALL REQUIRED FEES AND A DEPOSIT BASED ON CREDIT SCORE (IF REQUIRED).

Signature

Date

The information requested under racial ethnic group is used by Houston County Electric for the purpose of collecting, analyzing, monitoring, and reporting on its equal opportunity and affirmative action efforts, including reports filed with the federal government under Title VI of the Civil Rights Act of 1964, Section 504 of the rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

Voluntary Racial/Ethnic Group

- Black
- Hispanic
- White
- Other (please describe)



P.O. Box 52 – Loop 304 SE
 Crockett, TX 75835-0052
 800-657-2445
 936-544-5641
 FAX 936-545-1321
www.houstoncountyelec.com