

**CAPE HATTERAS ELECTRIC MEMBERSHIP COOPERATIVE
BUSINESS INFORMATION FORM**

Date: _____
Business Name: _____ Federal ID # _____
Name: _____ Joint Name: _____
Business#:(252) _____ Work #: _____
Cellular #: _____ Home #: _____
Email : _____ Email : _____

(Please print clearly)

(Please print clearly)

Nationality: _____ Caucasian _____ African American _____ Hispanic _____ Indian _____ Asian

Would you like to receive your electric service bill by ebill? _____ YES _____ NO

Ebill is a very environmentally friendly way to receive your electric bill. Instead of receiving traditional paper bills you will receive notice of your bill via e-mail and you'll be able to access the new bill online.

May we contact you through email? _____ YES _____ NO

Would you like to receive a printed copy or digital copy of the Carolina Country magazine? _____

Type of Business: Individual _____ Partnership _____ Corporation _____ LLC _____

Principle Owners: _____

The above information is for the purpose of obtaining credit, and is warranted to be true. It is understood this information will be held in strictest confidence and used only by Cape Hatteras Electric Cooperative Credit Department.

I agree to pay all bills upon receipt of statement and understand failure to receive a bill does not excuse me from paying. I understand that if I fail to meet my obligations, my electric service will be disconnected.

I also understand that once my electric service has been disconnected, it is my responsibility to furnish Cape Hatteras Electric Cooperative with a forwarding address.

_____ Joint Name _____
Social Security Number Social Security Number

_____ Joint Name _____
Driver's License Number Driver's License Number

_____ Joint Name _____
Date of Birth Date of Birth

_____ Joint Name _____
Signature Signature

APPLICATION FOR MEMBERSHIP IN AND FOR ELECTRIC SERVICE FROM
CAPE HATTERAS ELECTRIC COOPERATIVE

BUXTON NORTH CAROLINA 27920

The undersigned hereby applies for membership in Cape Hatteras Electric Cooperative (“Cooperative”), and agrees to:

- (a) purchase from the Cooperative incident to my membership all central station electric power and energy used on any and all premises to which the Cooperative furnishes electric service for so long as such premises are owned, directly occupied, or used by me, and to pay therefor, including payment of any minimum service or collection charge at rates and charges established and in effect in accordance with the rules, regulations and bylaws of the Cooperative;
- (b) if service is disconnected for non-payment or a final bill is left unpaid, to pay all applicable collection fees incurred by the Cooperative;
- (c) to be bound by and to comply with all applicable laws and regulations, the Cooperative’s articles of incorporation, bylaws (including without limitation Section 1.08 thereof), consumer classifications, rates, charges, service rules and regulations, both as they now exist or may hereafter be adopted, repealed, amended or supplemented, and with the provisions of any supplemental or subsequent contract that may be executed by me with the Cooperative.

DATE OF APPLICATION:

SIGNATURE(S) OF APPLICANT(S)

_____, 20____

MEMBER NO. _____

LOCATION OF PROPERTY:

BILLING ADDRESS:

