



Maquoketa Valley
Electric Cooperative

® Your Touchstone Energy® Cooperative



109 N. Huber Street • Anamosa, IA 52205
Telephone: 319-462-3542 • 800-927-6068
www.mvec.coop • www.mvlink.coop

APPLICATION FOR BUSINESS MEMBERSHIP AND INITIAL SERVICE

Business/Organization Name: _____

Electric Service Address: _____

Mailing Address: _____

Business Phone: _____ Cell/Alternate Phone: _____ Email: _____

Electric Account #: _____ Location #: _____ Fiber Account #: _____

Electric Account #: _____ Location #: _____

Electric Account #: _____ Location #: _____

The above named company hereby applies to Maquoketa Valley Electric Cooperative, an Iowa Corporation hereinafter called the Cooperative, for membership and electric and/or communication service, and if approved for membership:

1. Will purchase all the electrical energy requirements for this service and future services within the Cooperative's service territory, from the Cooperative under such rates and terms as may be established from time to time by the Board of Directors of the Cooperative. Future services may be added under this membership by contacting the Cooperative.
2. Will comply with and be bound by the Articles of Incorporation and Bylaws of the Cooperative and all rules and regulations adopted by the Cooperative regarding services to its members.
3. Authorizes the Cooperative to make automated calls information regarding my accounts to any telephone number listed above.
4. The Company shall have all the rights and privileges granted to members under the Articles of Incorporation and Bylaws of the Cooperative and shall be under no personal liability for any of the obligations of the Cooperative.

The Company further agrees that acceptance of this application by the Cooperative shall constitute an agreement by and between the Cooperative and the undersigned. Membership certificates will be maintained electronically at the Cooperative office.

Consumer Deposit Required: \$ _____ Date Due for Deposit & Contract: _____

The Consumer Deposit shown above will be waived with a suitable Letter of Credit from a previous utility stating an excellent payment history for the last 12 months. The Consumer Deposit must be paid, or the letter received prior to the due date shown above or the account may be disconnected. Deposits collected will be refunded with interest after 12 timely payments.

Office Use Only-Notes:

PRINT BUSINESS/ORGANIZATION

FEDERAL ID NUMBER

By signing, I warrant that I am at least 18 years of age, and have been duly authorized to enter into binding contracts on behalf of the above named organization. In the event that I do not have proper authority to enter into binding contracts on half of the above named organization, I understand the Cooperative will rely upon this statement and incur costs for which I could be held accountable:

AUTHORIZED AGENT

TITLE

DATE