

APPLICATION FOR ELECTRIC SERVICE AND CO-OP MEMBERSHIP

RIVERLAND ENERGY COOPERATIVE

P.O. Box 277, Arcadia, WI 54612 800-411-9115 www.riverlandenergy.com

The undersigned (hereinafter called the "Applicant") hereby applies for membership in and agrees to purchase electric energy from Riverland Energy Cooperative (hereinafter called the "Cooperative") upon the following terms and conditions:

1. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy purchased for use on the premises described below and will pay therefore monthly or annually at rates to be determined from time to time by the board of directors. It being understood that all amounts paid by Applicant in excess of operating costs and expenses of the Cooperative properly chargeable against the furnishing of such electric energy are furnished by him as capital. The Applicant will pay a minimum monthly or annual bill established by the board of directors for the class of service regardless of the energy consumed.
2. The Applicant will cause his premises to be wired in compliance with the Wisconsin State Electrical Code. The Cooperative reserves the right at its option to terminate electrical service if in the opinion of the Cooperative the condition of the wiring facilities is hazardous.
3. The Applicant will comply with and be bound by the provisions of the Articles of Incorporation and bylaws of the Cooperative and such rules and regulations as may from time to time be adopted by the Cooperative.
4. The Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law his private property is exempt from execution for any such debts or liabilities.
5. The Applicant will grant to the Cooperative a right-of-way easement to construct, operate and maintain an electric line or system over, under, and along land owned by the Applicant.
6. The Applicant consents and agrees to pay interest in such manner as the board of directors may specify on any past due accounts which may be deducted from any sums due the member or his survivor or estate.
7. Acceptance into membership of any person who is married shall automatically be deemed an acceptance of his or her spouse as a joint member unless such member directs otherwise in writing.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative, and the contract for electric service shall continue in force for one year from the date service is made available by the Cooperative to the Applicant, and thereafter unless cancelled by at least 30 days written notice given by either party to the other.

PROCESSING FEE: By signing the membership application, Applicant agrees to pay the fee of \$15.00.

APPLICANT AGREES TO PROVIDE ONE OF THE FOLLOWING (CHECK ONE):

- A SECURITY DEPOSIT OF \$100
- LETTER OF GOOD CREDIT FROM PREVIOUS PROVIDER
- ENROLL IN AUTOMATIC BILL PAY FROM CHECKING OR SAVINGS ACCOUNT

DATE YOU WOULD LIKE SERVICE:

Business Applicant:

BUSINESS NAME:		FEDERAL TAX ID #:	
BUSINESS TYPE: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATE <input type="checkbox"/> OTHER		CONTACT PERSONS NAME: (FIRST, LAST)	
BUSINESS PHONE #:	CONTACT PERSON PHONE #:	CONTACT PERSON E-MAIL:	
LOCATION ADDRESS:	CITY:	STATE:	ZIP CODE:
BILLING ADDRESS: (IF DIFFERENT FROM LOCATION ADDRESS)			

Business Owner Information

NAME: (FIRST, MI, LAST)	OWNER'S PHONE #:
PURCHASING OR LEASING? <input type="checkbox"/> <input type="checkbox"/>	DATE OF CLOSING OR LEASE START DATE:
LANDLORD/MANAGEMENT COMPANY:	LANDLORD/MANAGEMENT PHONE #:

APPLICANT SIGNATURE: _____ DATE: _____

YES! By checking this box, I am agreeing to enroll in the Community Cares program in which my bill will be rounded to the nearest dollar each month. The extra change will benefit needy charities in our local service territory in accordance with the guidelines set forth by the board of directors. (LEAVE BLANK TO OPT OUT.)

OFFICE USE ONLY

<input type="checkbox"/> LETTER OF CREDIT	PROCESSING FEE \$: _____	TOTAL DUE: _____	TOTAL PAID: _____	DATE PAID: _____
<input type="checkbox"/> DEPOSIT	RECONNECT FEE \$: _____	RED FLAG: _____	MBR PACKET: _____	
<input type="checkbox"/> ACH				