



BUSINESS MEMBERSHIP APPLICATION

Welcome to our Cooperative Family!

ORGANIZATION INFORMATION

ACCOUNT NUMBER:		METER NUMBER (if available):	
Organization Name			
Mailing Address		City, State and Zip Code	
Incorporated Date	Federal Tax ID Number	PHONE NUMBERS	
Email Address		Primary/Business:	
		Cell:	
CONNECT SECURITY LIGHT	<input type="radio"/> YES	<input type="radio"/> NO	BY PROVIDING SOUTHWEST ARKANSAS ELECTRIC COOPERATIVE WITH YOUR PHONE NUMBER, YOU CONSENT TO RECEIVE AUTOMATED CALLS FROM THE COOPERATIVE FOR COLLECTION AND OTHER PURPOSES.
AUTOPAY (automatically deduct from your bank account, credit card, or debit card)	<input type="radio"/> YES	<input type="radio"/> NO	
Would you be interested in our internet service?	<input type="radio"/> YES	<input type="radio"/> NO	

AUTHORIZED USERS

PLEASE PROVIDE A LIST OF AUTHORIZED USERS ON A LETTER HEAD DOCUMENT FOR OUR RECORDS

Main Contact/ Owner	Phone
NAME	Phone
NAME	Phone
NAME	Phone
AUTHORIZED SIGNATURE	