



Empire Electric Association, Inc.

801 N Broadway • PO Box K • Cortez CO 81321-0676
Phone (970) 565-4444 • Toll Free 1-800-709-3726 • Fax (970) 564-4404
www.eea.coop

CONSUMER INFORMATION / COMMERCIAL (Print or Type)

Connect Date: _____

CORPORATION, LLC, LLP, GOVERNMENT ENT.

Company Name: _____ Tax ID Number: _____

Email: _____

Would you like Paperless Billing? YES _____ NO _____

SOLE PROPRIETOR or PARTNERSHIP

Account Holder(s) Name: _____

DBA: _____ Tax ID Number: _____

Email: _____ Drivers License: _____

Would you like Paperless Billing? YES _____ NO _____

PHONE and MAILING INFORMATION

Business Ph: () _____ Cell Ph: () _____ Fax: () _____

Mailing Address: _____
Street or PO Box City State Zip

Service Address: _____

_____ I authorize and give my consent to contact me at the above phone numbers.

_____ I do not consent to be contacted at the above phone numbers.

Empire Electric Association, Inc is authorized to connect the above address. It is acknowledged that a \$20.00 Connect Fee or \$45.00 After Business Hours Fee will be billed on the first bill of any account connected.

Name of Corporate Officer (Please Print)

Title

Signature of Corporate Officer

Date

• **CORPORATIONS, CHURCHES, GOVERNMENT ENTITIES** (One Signature/Title) • **Sole Proprietor** (One Signature)
• **Partnerships: LLC** (Managing Partner Signature) • **LLP** (Responsible Managing Partners)

Form will need to be Notarized if Picked Up, Mailed, Faxed, E-mailed.

STATE OF _____ }

} ss

County Of _____ }

Subscribed, sworn to and acknowledged before me this _____ day of

_____, 20 _____

Notary Public: _____

Commission Expires: _____

Office Use Only	
Membership Number:	_____
Date Connected:	_____
Deposit Required Amount:	_____
Deposit Paid:	_____
Bank Letter of Credit:	_____
Articles of Incorporation:	_____
Contract: Yes _____ No _____	
Contract Expiration Date:	_____
Contract Assumed: Yes _____ No _____	
Critical Care? Yes _____ No _____	
CSR Initials:	_____ Form Updated 12-07-17

Empire Electric is an equal opportunity provider and employer.

SEAL