

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 / RESIDENTIAL (Print or Type)

Purchase:Rental:			OR	
			All Energy	
Applicant:		First		Middle Initial
Last				Middle Initial
Orivers License: State	Number	Social Security #		
Birth Date:		Address		
	Would	you like Paperless Bil	ling? YES	NO
lome Ph:	Cell Ph:		Work Ph:	
Street or P				
	O Box	City	State	Zip
Mailing Address: If Different than Service Address) ^S	treet or PO Box	City	State	Zip
Second Applicant:				
				Middle Initial
Orivers License: State	Number	Social Security #		
State Birth Date:				
I (We) authorize Empire Electric A process a credit report should th I (We) authorize ar	e need arise.			·
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Process a credit report should th I (We) authorize ar (We) understand that a \$20 Connec equires a notary's signature and se	ne need arise. Ind give my (our) conse Inct Fee or a \$45 After 3pm Included the seal when it is not complete	ent to contact me (us) a / After Business Hours ted in the office…mailed	nt the above phon Fee will be charged faxed, or emailed	e <i>numbers.</i> I on the first bill statement. This fo
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