



**Amicalola
Electric Membership Corporation**
 544 Hwy 515 South
 Jasper, GA 30143
 Telephone: (706) 253-5200
 Fax: (706) 253-5213
 Email: memberservice@amicalolaemc.com

A/C# _____
 Date _____
 By _____
 SVO# _____

SERVICE APPLICATION

Applicant's Legal Name _____
 S.S. # / Federal ID _____ Driver's License # _____
 Billing Address _____

 City State Zip Code

Previous Mailing Address _____
 Phone # [] _____ Mobile # [] _____
 Spouse _____ Spouse S.S. # _____
 E-Mail _____
 Applicant's Employer _____ Phone # [] _____
 Spouse Employer _____ Phone # [] _____
 Emergency Contact _____ Phone # [] _____

SERVICE REQUEST

County _____ Desire Date _____
 Service Address _____

Own _____ Property Owner _____
 Rent _____ Address _____

Type of Service (House) _____ (Mobile Home) _____ (Temp) _____ (S/L) _____ (Other) _____

Directions to Property _____

Applicant acknowledges that at the time he/she signed this application he/she received a copy of the Bylaws, Rules and Regulations and the Statement of Nondiscrimination.

In the event your account becomes delinquent and the account is placed with an attorney or a collection agency, collection fees, including but not limited to court costs and attorney fees together with interest, will be added to your account. Applicant acknowledges and consents to the Cooperative receiving and obtaining applicant's credit report.

You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. I/We have read this disclosure and agree that Amicalola Electric Membership Corporation may contact me/us as described above.

Signature of Applicant _____ Date _____

Membership Fee \$ _____
 Consumer Deposit \$ _____
 Processing Fee (nonrefundable) \$ _____
 Total \$ _____

*Please include a copy of your driver's license with application.