

# Johnson County REMC

A Touchstone Energy® Cooperative 

## Commercial/Industrial MEMBERSHIP APPLICATION

Johnson County REMC  
P.O. Box 309  
Franklin, IN 46131  
(317) 736-6174 Phone  
(317) 736-6127 Fax

Service Connect Date: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Service Address (If Different) \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_

Facility Contact Name \_\_\_\_\_

	Address	City, State, Zip Code
E-mail Address	_____	_____
Phone No.	_____	_____

Billing Contact Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone No. \_\_\_\_\_

**Note: A security deposit may be required or a letter of credit received before service will be connected in the Consumer's name. The deposit will be refunded as a credit on the 13th month after the deposit is paid in full if the account has no negative points for 12 consecutive months. When termination of service is requested, the deposit will be applied to the final bill. Any outstanding balance remaining on the final bill after the deposit has been applied must be paid in full by the regular due date of the bill.**

**EVERYTHING I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE YOU TO INVESTIGATE MY CREDIT RECORD. I AGREE TO THE TERMS SET FORTH IN THIS APPLICATION AND UNDERSTAND THAT I AM RESPONSIBLE TO PAY COST OF COLLECTION ON DELINQUENT ACCOUNTS, WHICH COST MAY INCLUDE, BUT IS NOT LIMITED TO INTEREST, COURT COSTS, COLLECTION AGENCY FEES AND REASONABLE LEGAL FEES. I AUTHORIZE YOU TO CALL ME AT ANY OF THE PHONE NUMBERS I PROVIDED TO YOU.**

\_\_\_\_\_  
Signature (Authorized Party) \_\_\_\_\_ Date \_\_\_\_\_

..... **FOR OFFICE USE ONLY** .....

Account No. \_\_\_\_\_ Customer No. \_\_\_\_\_

Service Map Loc. \_\_\_\_\_

Membership No. \_\_\_\_\_ Rate \_\_\_\_\_