



**Commercial/Industrial
MEMBERSHIP APPLICATION**

**JCREMC
P.O. Box 309
Franklin, IN 46131
(317) 736-6174 Phone
(317) 736-6127 Fax**

Requested 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. Upon termination of service, 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 _____