



Nueces Electric Cooperative

Your Touchstone Energy® Cooperative 

Welcome to NEC!

As a member of Nueces Electric Cooperative, you are an owner of the electric utility that serves you! We are a not-for-profit organization, completely dedicated to providing you with the best possible electric service at the most reasonable rates. Let us know if there is ever anything we can do to serve you better!

Membership Capital Credit # _____

NEC Power Delivery Services: General Application for Membership

I, "Applicant," hereby make application for membership in Nueces Electric Cooperative, subject to a **\$15 MEMBERSHIP FEE**, a **NON-REFUNDABLE \$25.00 ACCOUNT ACTIVATION FEE PER METER**, and approval by the Board of Directors. I understand that I am responsible for a **\$60 METERING EQUIPMENT DEPOSIT PER METER** which will be retained, earning interest, by the cooperative until service is disconnected, and until all money owed has been paid and metering equipment is left in good condition. I also understand that I may be required to pay a deposit if I am deemed now (or in the future) to be a credit risk to the Cooperative. I presently do not hold another membership in the Cooperative. Subject to applicable provisions of the bylaws of the Cooperative as they exist and any modifications thereto properly approved and authorized from time to time, I understand that: (i) the application fee is non-refundable; (ii) the membership fee is refundable only upon termination of electric service provided that all debts and obligations have been paid; (iii) the membership fee may be placed in my membership account and that said account may also be used to facilitate distributions, if any; (iv) upon termination of electric service, the funds in my membership account shall normally be refunded if I am able to be located; (v) the membership fee is non-transferable and that no interest shall be payable or accrue on the membership fee or other monies held in a member's capital account; and (vi) my member's capital account may be used to offset losses incurred by the Cooperative. **By my signature below, I acknowledge receipt of the NEC New Member Packet, including the NEC Bylaws, statement of nondiscrimination, new service instructions, electric choice information, and my rights as a customer. I understand my service will not be able to be connected until after I have chosen a competitive retail electric provider (current provider list is available at an NEC office or online at: http://www.nueceselectric.org/Shop/NEC_Shopping.html). I agree to follow and accept the Cooperative Bylaws and tariff provisions as they exist and any modifications thereto properly approved and authorized from time to time.**

Date _____

Print Name _____

Date Service Needed _____

Sign Name _____

Establishment of Satisfactory Credit with NEC

- I authorize NEC to run a credit check to establish satisfactory credit record. I understand that I will be charged \$3 for this service on my first bill. I understand that NEC RD will contact me at the phone number above to inform me if this report does not demonstrate satisfactory credit and provide my deposit requirement.
- I will obtain a letter of credit from my most recent electric company(s) that shows no more than two (2) late payments in the last 12 months (must provide documentation).
- I will pay the required deposit.
- Other. Please Explain _____

*Please note, your response to this section is optional.
The information you provide will be used only for Federal Government Reporting Purposes.*

DATA COLLECTION INFORMATION

As recipients of federal assistance, Nueces Electric Cooperative, Inc. is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. We would appreciate your checking the appropriate group listed below.

Racial/Ethnic Group

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other

CUSTOMER INFORMATION	First Name or Company Name		Last Name or Bus. Owner/Manager			
	Social Security Number or Tax ID		Spouse's Name		SS#	
Billing Address	Billing Address			Is a resident of this home/business on life support or does this service location impact public health/safety? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please provide documentation)		
	City		State			
	Zip Code		Initial Chosen Retail Electric Provider:			
Bank Draft Authorization (optional) <i>Note: Be sure to Enclose a Voided Check with this form.</i>	I authorize NEC to charge my electric bill each month to my financial institution account and I authorize my financial institution to debit the amount monthly. Note: Be sure to Enclose a Voided Check with this form.					
	Name of Bank, Credit Union, or Savings & Loan		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Account #	
	Signature of Authorized Account Holder			Date		
Service Address <i>(only complete if different from billing address above)</i>	Service Address Line 1					
	City		State			
	Zip Code	County	ESI ID Number (REQUIRED)			
Phone/E-mail Driver's License Employment	Home Phone		Delivery Service Company: Nueces Electric Cooperative, Inc.			
	Mobile Phone		E-mail Address			
	ST	License #	Birth (mm/dd/yyyy)	Spouse ST	License #	Birth (mm/dd/yyyy)
	Employer		Phone	Spouse Employer		Phone
Interim Contact Information	Name		Address		E-mail	Daytime Phone
	Nearest Relative (not living at above address):			Phone #:		
Business Customers Only	Type of Business		Years in Business			
	Name of Energy Mgmt Contact		Phone			
			E-mail			

TO BE COMPLETED BY NEC PERSONNEL:

CREDIT REQUIREMENT MET BY: DEPOSIT LETTER OF CREDIT OTHER: _____

NEC ACCT # _____

NEC MEMBERSHIP # _____

DATE SERVICE NEEDED _____