

Application For Service

Type of Service:       Residential       Commercial       Barn/Shop

Service Address: \_\_\_\_\_ Service Request Date: \_\_\_\_\_

Mailing Address (if different than service address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you currently have an account and need to transfer service?       Yes       No

Disconnect date for service(s) at previous location: \_\_\_\_\_

**applicant** First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License or ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Account Number (if known): \_\_\_\_\_

**co-applicant** First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License or ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**services** Auto Pay (Bank/Credit Card Draft)            SmartPay     

Elderly/Handicap Assistance            Paperless Billing     

Levelized Billing            Security Lighting     

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COOPERATIVE USE ONLY**

Location #: \_\_\_\_\_ Account #: \_\_\_\_\_

Utility Credit Score: \_\_\_\_\_ Deposit: \_\_\_\_\_

Ozarks Electric Cooperative Representative: \_\_\_\_\_ (initials)

*Arkansas Members: \$7.00 of your yearly electric bill will be allocated for a subscription to Arkansas Living magazine.  
Oklahoma Members: \$3.12 of your yearly electric bill will be allocated for a subscription to Oklahoma Living magazine.*