

Account # _____

Meter # _____

SUMNER COWLEY ELECTRIC COOPERATIVE, INC.

COMMERCIAL MEMBER INFORMATION

Company Name:

Billing address:

City:

State:

ZIP Code:

Main Phone:

Other Phone:

Fax Number:

Email:

CONTACT INFORMATION

Owner/Officer Name:

Title:

Direct Phone:

Email:

ALTERNATE CONTACT INFORMATION

Contact Name:

Title:

Direct Phone:

Email:

SIGNATURES

Signature of owner/officer:

Date:

Joint Signature(if required):

Date:

Effective Date _____