UPPER CUMBERLAND ELECTRIC MEMBERSHIP CORPORATION

UCEMC Employee ID _____ Member No. _____

Connect Date _____ Service Order No _____

COMMERCIAL & INDUSTRIAL APPLICATION FOR MEMBERSHIP AND/OR ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant") hereby applies for membership in, and agrees to purchase electric energy from the Upper Cumberland Electric Membership Corporation (hereinafter called the "Cooperative") upon the following terms and conditions:

1. If this application is accepted by the Cooperative, the Applicant will pay to the Cooperative a Membership Fee in the amount of $ _____, a Consumer Deposit in the amount of $ _____, and a Connect Fee in the amount of $ _____. Additional deposits may be required in accordance with the policies of the Cooperative now in force or hereafter adopted.

2. The Applicant will, when electric energy becomes available, purchase from the Cooperative electric energy used on the premises described below and will pay therefor monthly at rates which will be fixed by the Board of Directors of the Cooperative and/or TVA.

3. The Applicant will cause the Applicant's premises to be wired to furnish a point of attachment for Cooperative's service facilities which will meet the National Electrical Code and any state or local codes. The Cooperative will designate the location of this point where its attachments and meter will be located.

4. The Applicant will comply with and be bound by the provisions of the by-laws of the Cooperative, and such rules and regulations as may from time to time be adopted by the Cooperative.

5. The Applicant, by paying a membership fee and becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative.

6. If Applicant fails to make any payment when due, the full unpaid balance of the Applicant's account may, at the option of Cooperative, become due and payable and subject to immediate termination of electric service. If the Applicant's account is referred for collection by the Cooperative to an outside agency and/or attorney who is not a salaried employee of the Cooperative, the Applicant will, to the extent permitted by law, pay all fees and/or court costs, including attorney's fees. If Applicant has more that one service connection from the Cooperative, any payment for service furnished to Applicant by the Cooperative may, at the Cooperative's option, be allocated and credited on a pro rata basis to any unpaid balance for all such service connections. I agree to keep my deposit, Letter of Credit, or Bond current.

The acceptance of this application by the Cooperative shall with the Cooperative's bylaws constitute a contract between the Applicant and the Cooperative, and in further consideration of said acceptance and the installation of facilities by the Cooperative, to provide the Applicant with electric energy, the Applicant agrees to take said energy from the Cooperative, so long as the Applicant occupies the premises served by the Cooperative.

CORPORATION ☐ **PARTNERSHIP** ☐ **PROPRIETORSHIP** ☐

Business Name _____ SSN _____ Driver's License # _____

Address _____ Home # _____ Business # _____

_____Zip_____ Mobile # _____ Fax # _____

Email _____ Dunn/Bradstreet # _____ Federal ID# _____

Location Address(if different from Billing Address) _____

Describe Business Activity _____ Service with UCEMC before ☐ Yes ☐ No

Two Business Credit References

_____ _____

_____ _____

Individuals / Principals of Business

Name _____ Phone # _____

Address _____ E-Mail _____

UCEMCCares is a voluntary program to support charitable organizations in our service area. The information handout provided explains the program and how you can participate. Initial here _____ to acknowledge you have received information about the UCEMCCares Program.

☐ I hereby agree to OPT-IN to the UCEMCCares Program. **The Member may opt-out of the program at any time**.

I hereby agree to receive UCEMC's Member Handbook by choosing one of the following options:

☐ Electronically at the above email address ☐ Printed ☐ Website: www.ucemc.com

Date _____ Member Signature _____

Note: Notary statement required if not witnessed by a Cooperative employee. State of _____ County of _____. On this ____ day of _____, _____ before me personally appeared _____to me known to be the person(s) who executed the foregoing instrument for the purpose therein contained. Witness my hand and official seal at _____, the date foresaid. Notary Public _____ My Commission expires _____