




A Touchstone Energy® Cooperative 

**Rural Electric Cooperative, Inc.**

**P.O. Box 609 Lindsay, OK 73052**

**405-756-3104 or 1-800-259-3504 • Fax: 405-756-8957**

Mail/Fax to:

**Meter Number(s) or Legal Description (New Service)**

(meter number is a 8 or 9 digit number on front of meter - not silver tag, not reading)

Date Mailed/Faxed:

**The deposit quoted for this service \$** \_\_\_\_\_

(We can do a credit check to see if deposit can be lowered-just let us know if you would like one ran.)

**Membership Fee for Service:** \_\_\_\_\_ **\$5.00**

**Total Due:** \_\_\_\_\_ **\$** \_\_\_\_\_

*Please fill out the member profile sheet (completely). Return it to our office at the address listed above with your membership fee, deposit, meter number or legal description. **After we have received all of this in the office, we will be able to change/turn on/prepare to build this service for you.***

**Member Information Profile**

*The information requested below is of a confidential nature. Rural Electric Cooperative will use this information to assist in determining the security deposit to be paid for collection purposes. Any false or inaccurate information may result in the termination of your service. Please complete this form.*

Applicant \_\_\_\_\_ Federal Id No. \_\_\_\_\_  
Name of Business

Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_  
First Middle Initial Last

Billing Address \_\_\_\_\_ Cell No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

Is Place of Business/Property Owned? \_\_\_\_\_ Rented? \_\_\_\_\_

If rented, name and address of landlord: \_\_\_\_\_

Former or other Utility: \_\_\_\_\_

Service to be used for? \_\_\_\_\_

Identifying Account or Location name for each meter/service: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of this Cooperative? \_\_\_\_\_ Year \_\_\_\_\_

*Permission to granted to Rural Electric Cooperative, Lindsay, Oklahoma to obtain a credit report (if necessary) at no cost of the applicant. I understand if such credit report indicates, an additional security deposit may be required of the applicant. It is understood that the above information may be released to assigned agents of this cooperative involving collection procedures of any incurred debt.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REC Representative: \_\_\_\_\_ Capital Credit Number Assigned: \_\_\_\_\_