

APPLICATION FOR MEMBERSHIP/ADDITIONAL CONNECTION AND AGREEMENT FOR ELECTRIC SERVICE

The undersigned (hereinafter called the "Applicant") hereby applies for (membership) (additional connection) in and agrees to purchase electric energy from Shelby Electric Cooperative (hereinafter called the "Cooperative") upon the following terms and conditions:

- 1. The Applicant, in some cases, may be required to provide a security deposit and determined by the Cooperative.
- 2. The Applicant agrees, pursuant to this agreement for electrical service, to pay monthly for all electrical energy supplied by the Cooperative at rates to be established from time to time by the Board of Directors of the Cooperative; provided, however, that the Cooperative may limit the amount of electrical energy furnished for industrial uses. \$4.50 of the amount accruing to me each year is for a year's subscription to *Shelby News*. In the event that the amount accruing to me is insufficient to cover the price of the subscription, I authorize the board of directors to pay for it out of amounts paid by me for electric service.
- 3. The Applicant will cause his premises to be wired in accordance with the wiring specifications approved by the Cooperative.
- 4. The Applicant agrees, pursuant to this membership contract, to comply with and be bound by the provisions of the charter, bylaws, policies, rules, and regulations of the Cooperative as they now exist or may from time to time be adopted or amended by the Cooperative, and further agrees to retroactive application of any amendments. As part of this membership the applicant agrees, when electric energy becomes available, to purchase from the Cooperative all electric energy purchased for use on the premises covered by this application.
- 5. The Applicant agrees to furnish to the Cooperative at no cost a right-of-way easement to construct, operate, repair, replace, improve, and maintain electric lines and services, which provide electric service to the members of the Cooperative. The easement shall be drafted in accordance and comply with the cooperatives operation policies concerning easements required for electric service.
- 6. The Applicant by becoming a member assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law, his private property is exempt from execution for any such debts or liabilities.
- 7. Acceptance of this application by the Cooperative shall establish a membership and an agreement for electric service between the Applicant and the Cooperative. The agreement for Electric Service shall continue in force from the day service by the Cooperative to the applicant begins until canceled by at least 30 days written notice given by either party to the other. The membership shall continue in force until either party terminates the membership of Applicant in accordance with the bylaws and policies of the Cooperative. Removal or disconnection of the meter at any time, whether to discontinue service for an unpaid account or for any other reason, by the Cooperative shall not constitute a breach of either contract.

8. Falsification of any of the follow	ing information may result in dis	sconnection of service without notification.
9. If initialed here:	: Application shall pro	vide a construction deposit of \$
before commencement of construc	tion of a line or electrical facility	y; and this deposit shall be returned as a credit
on each monthly bill until the depo	sit is exhausted or	months have elapsed. No refund
shall be made of any portion of the	deposit remaining upon the ter	rmination of the electric service prior to
exhaustion of the deposit or early t property of the Cooperative.	ermination as may be allowed b	by the Cooperative and all such funds remain the



APPLICATION FOR MEMBERSHIP/ADDITIONAL CONNECTION AND AGREEMENT FOR ELECTRIC SERVICE MEMBER INFORMATION SECTION:

Date	Witness		
Member – Print Name / Business Name	Joint Member Name – Print		
Member Signature	Joint Member Signature		
Member Social Security Number / FEIN Number	Joint Member Social Security Number		
Member Driver's License	Joint Member Driver's License		
Member Date of Birth	Joint Member Date of Birth		
Spouse – Print Name			
<mark>Spouse Signature</mark>	Mailing Address for Billing		
Home Phone Number	City State Zip		
Cell Phone Number	Service Address of Meter		
Email Address	City State Zip		
OFFICE	USE ONLY		
Account Number	Map Location		
Customer Number			
Cash \$	ORIGINAL		
Check	ADDITIONAL		
PrepayAdd	FOR RECORDS ONLY		

Form W-9 (Rev. December 2014)

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

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	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
je 2.	2	Business name/disregarded entity name, if different from above		
Print or type See Specific Instructions on page	5	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box is the tax classification of the single-member owner. Other (see instructions) Address (number, street, and apt. or suite no.)	n the line above for	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.) and address (optional)
Pai	t	Taxpayer Identification Number (TIN)		
backu reside entitie	ip ent es,	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to averable withholding. For individuals, this is generally your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other it is your employer identification number (EIN). If you do not have a number, see How to ge page 3.	ora r et a	curity number
			Or Employe	r identification number
guide	lin	the account is in more than one name, see the instructions for line 1 and the chart on page es on whose number to enter.	4 IOr Employe	-
Par	t	Certification		

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here U.S. person ► Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- . Form 1099-DIV (dividends, including those from stocks or mutual funds)
- . Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-S (proceeds from real estate transactions)
- . Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- . Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.