

Whitney Office
 4581 FM 933- PO Box 2480
 Whitney TX 76692-5480
 Tel: 254-694-5237 Fax: 254-694-4062
 Toll Free: 888-850-6551



Midlothian Office
 300A Silken Crossing
 Midlothian, TX 76065
 Tel: 972-723-2900 Fax: 972-723-2911

Serving our Members with Pride since 1937

Elm Mott Office
 298 S Connally Dr
 Elm Mott, TX 76640
 Tel: 254-687-2331
 Toll Free: 800-338-6425

Itasca Office
 115 East Main St- PO Box 127
 Itasca, TX 76055
 Tel: 254-687-2331 Fax: 254-687-2428
 Toll Free: 800-338-6425

Date Needed: _____

NEW CONSTRUCTION TYPE Please choose one:
<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> NON RESIDENTIAL
<input type="checkbox"/> COMMERCIAL

New Construction Service Application-Multiple Service Locations

Deposit Amount Required _____ Connection Fee for each location **\$125.00**
Deposit amount to be determined.

Service Addresses:

<p>1 _____</p> <p>City _____ State _____ Zip _____</p>	<p>2 _____</p> <p>City _____ State _____ Zip _____</p>
<p>3 _____</p> <p>City _____ State _____ Zip _____</p>	<p>4 _____</p> <p>City _____ State _____ Zip _____</p>
<p>5 _____</p> <p>City _____ State _____ Zip _____</p>	<p>6 _____</p> <p>City _____ State _____ Zip _____</p>
<p>7 _____</p> <p>City _____ State _____ Zip _____</p>	<p>8 _____</p> <p>City _____ State _____ Zip _____</p>

Complete a service address section for each new service location to be established by this application

Please mark any unused service address sections with "N/A"

Will your services be: Overhead _____ Underground _____

Applicant Information

Co-Applicant Information

<p>Name or Business Name _____</p> <p>Telephone# _____</p> <p>Cell Phone _____</p> <p>SSN# or Federal Tax ID _____</p> <p>Date of Birth _____</p> <p>Driver's License _____</p> <p>Place of Employment _____</p> <p>Business Phone _____</p> <p>Business Fax _____</p> <p>Email Address _____</p> <p>Member Mailing Address _____</p> <p>City _____ State _____ Zip _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>
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By signing the application, I/we accept membership in HILCO Electric Cooperative, Inc.; authorize HILCO Electric Cooperative, Inc. to utilize third parties to acquire my/our consumer information, consumer reports, and credit worthiness scores for the purpose of determining credit worthiness; and agree to adhere to the bylaws and Tariff of the cooperative. I/We understand and agree that any credit granted shall be paid promptly in accordance with terms and agreements and that late fees may apply if payment is not received. I/We further understand and agree that in event of default, I/we will be responsible for reasonable collection charges, court costs, and/or attorney fees incurred to collect the debt.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

<p>Would You like to Participate in Operation Round Up _____ Yes _____ No</p> <p>Every month, the additional pennies, nickels and dimes are added to a special fund to help organizations in our service area. A committee, representing all seven districts in HILCO's service area, will be responsible for deciding where the funds are to be allocated. Once the committee allocates the funds, selected community and charitable organizations will receive the proceeds. We will keep you informed on how much is collected and where the funds are distributed.</p>
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<p>State of _____</p> <p>County of _____</p> <p>On this day _____, before me personally appeared _____ & _____ who certifies that he/she has the authority to enter into an agreement between HILCO Electric Cooperative, Inc. and _____ (company name).</p> <p style="text-align: center;"><i>Affix Seal Below</i></p>	<p>_____</p> <p>Notary Public Printed Name</p> <p>_____</p> <p>Signature of Notary Public</p>
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* All applicable areas must be completed. Incomplete applications will be returned.
 If "Date Needed" section is not completed, the new service/work order will be scheduled per HILCO's routine course of business.