

Member #: _____

Developed: 05/09

Account: _____

Revised: 7/25

Business Application for Membership Nishnabotna Valley REC

1317 Chatburn PO Box 714
Harlan, Iowa 51537

Office: 712-755-2166 or 800-234-5122
Fax: 712-755-2351

Please fill out the following information completely: *(Please Print)*

Name of Company: _____

Company Representative/Contact: _____

Is company a corporation? ☐ Yes ☐ No Federal ID Number: _____

Billing Address: _____

City: _____ State: _____ Zip Plus + 4: _____

Business Phone: _____ Business #2 Phone: _____

Cell Phone: _____ Email: _____

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Date Occupancy/Transfer Requested: \_\_\_\_\_

**Notice:** Nishnabotna Valley REC requires one day notice prior to date service begins. Services can only be switched during business hours (Monday-Friday, 7:30 a.m. to 4:00 p.m.) with the exception of holidays and summer hours (Monday-Thursday, 7:00 a.m. to 4:30 p.m. and Friday, 7:00 a.m. to 11:00 a.m.).

Service Address: \_\_\_\_\_ (if different from billing address)

Has company previously received service from Nishnabotna Valley REC? ☐ Yes ☐ No

Do you own or rent? ☐ Own ☐ Rent

If rent, please provide landlord/owner information for property:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Points of Contact for the Business:**

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone Contact Consent: ☐ Yes ☐ No

**Cell Phone Contact Consent:** By signature hereto, Applicant is confirming that any cell phone number listed here belongs to Applicant and not to a family member or other third party. Unless otherwise indicated below, Applicant hereby gives consent to cooperative to contact Applicant at any of those numbers via an automatic telephone dialer with prerecorded messages regarding all matters related to Applicant's account with Cooperative, including but not limited to payment and delinquent account information. Applicant understands and recognizes that Applicant is not required to provide consent to Cooperative authorizing Cooperative to Contact Applicant using a cell phone number to receive service from Cooperative.

Would you like to participate in our Automatic Bill Payment Plan? ☐ Yes ☐ No

Would you like to participate in our Operation Roundup Program? ☐ Yes ☐ No

Would you like to participate in our Prairie Winds Program? ☐ Yes ☐ No

Company Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE:** Connect/Transfer Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_ Paid Date: \_\_\_\_\_  
Switch Makes Cents ☐ Yes ☐ No Date Mailed Member Agreement: \_\_\_\_\_