

Customer #: \_\_\_\_\_

Developed: 05/09

Account: \_\_\_\_\_

Revised: \_\_\_\_\_

***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.

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: \_\_\_\_\_

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

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

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

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

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

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

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Mailed Member Agreement: _____ |                  |