

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  Yes  No Date Mailed Member Agreement: \_\_\_\_\_