



Central Texas Electric Co-op

386 Friendship Lane - P.O. Box 553 - Fredericksburg, Texas 78624-0553

NEW MEMBER – NEW SERVICE

1. Application for new electric service
2. Agreement for electric service
3. \$25.00 member fee
4. \$45.00 connect fee
5. Letter of credit reference from a utility company whom you have had the same kind of service within the last 2 years for a period of at least 1 year. (If this does not meet our requirement a consumer deposit will be required. This fee will be determined by the amps of service you are requesting.)
6. Right-of-Way Easement (Complete description blank for property ID, volume and page not required) Notary should stamp and notarize the appropriate location on the acknowledgement page.
7. Current property survey plat with legal description is helpful.
8. Copy of Driver's License for all applicants
9. If this is to be a joint account the paperwork must be signed by both people and all subsequent accounts must be signed the same way.

A JOB ORDER WILL NOT BE WRITTEN FOR ELECTRIC SERVICE UNTIL ALL THE COMPLETED AND SIGNED PAPERWORK (INCLUDING THE LETTER OF CREDIT AND THE \$70.00 FEES) HAVE BEEN RECEIVED IN OUR OFFICE. PARTIAL PAPERWORK OR PAPERWORK PENDING FEES WILL BE PLACED IN A PENDING FILE AND DESTROYED AFTER 24 MONTHS WITH NO ACTIVITY.

If you have any questions please contact us at 830-992-2255.



Central Texas Electric Co-op
268 Friendship Lane • PO Box 533 • Fredericksburg, Texas 75249-0533

JOB ORDER # _____

\$ _____ MEMBERSHIP FEE
 # _____ APPLICANT ALREADY HAS
 EXISTING MEMBERSHIP FEE

WORK ORDER # _____

Tariff Section No. IV
 Sheet No. 1 & 2
 Tariff October 15, 1991

MAP LOCATION NUMBER _____

SERVICE ADDRESS _____

METER NUMBER _____

CENTRAL TEXAS ELECTRIC COOPERATIVE, INC.
AGREEMENT FOR ELECTRIC SERVICE

The undersigned (the "Customer") hereby makes application and agrees to purchase electric service from Central Texas Electric Cooperative, Inc. (the "Cooperative") upon the following terms and conditions:

1. **Service.** Cooperative agrees to use reasonable diligence to provide electric utility service to a point of delivery at Customer's service location. The electric service contracted for herein is to be provided and taken in accordance with the provisions of this Agreement and Cooperative's tariff. SAID TARIFF IS A PART OF THIS AGREEMENT TO THE SAME EXTENT AS IF FULLY SET OUT HEREIN AND IS ON FILE AND AVAILABLE AT THE COOPERATIVE'S OFFICES IN FREDERICKSBURG, LLANO, MASON AND KINGSLAND, TEXAS. Any tariff provision (including rates) may be changed by order or consent of any regulatory authority having jurisdiction thereof whether or not at the request of the Cooperative. The Cooperative's LIABILITY is LIMITED as provided in its tariff.

2. **Access.** Customer shall provide to Cooperative convenient access to Cooperative's facilities, without obstruction or impediment, at all times. If such access is not provided the Cooperative may discontinue service and remove or relocate its facilities.

3. **Payment.** Customer agrees to purchase and pay for electric service in accordance with Cooperative's tariff. Periodically, Cooperative will render to Customer a statement of services rendered. Customer agrees to pay the total amount shown on such statement within sixteen (16) days from its date. Payment shall be made to Cooperative at its offices in Fredericksburg, Llano, Mason or Kingsland, Texas.

4. **Term.** This Agreement for Electric Service shall continue in force from the date service is made available by the Cooperative to the Customer, and hereafter until terminated by either party in accordance with law, Public Utility Commission of Texas rules, or approved service rules and regulations of the Cooperative.

5. **Breach.** Upon failure to make payment or perform any obligation under this Agreement the Cooperative shall have the right to discontinue service as well as other remedies that may be available by law.

6. **Customer's Installation/Safety.** Customer warrants that his or her installation (including all conductors, switches, equipment, wiring, and protective devices of any kind) is constructed and will be maintained in accordance with the National Electrical Safety Code of the American Standards Association as well as applicable laws or ordinances. Customer understands that electricity conducted through the Cooperative's facilities may be dangerous and agrees that Customer shall not permit any person on Customer's premises to contact or come in close proximity to Cooperative's facilities.

7. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements between Customer and Cooperative for the service herein described. Customer agrees the Cooperative, its agents and employees, have made no representation, promises, or any inducements, written or verbal, which are not contained herein.

If this is to be a **JOINT ACCOUNT** both parties must print and sign names below.

Customer: _____
 (Print Name)

 (Customer Signature)

Co/Applicant: _____
 (Print Name)

 (Co-Applicant Signature)

By: _____
 Authorized Representative (CTEC)

 (Current Mailing Address)

Date: _____

 (Town) (State) (Zip)

 Name of Owner of Property

Telephone Numbers: _____ (Home)

 (Work)

 Property Owner Address
 memappl.doc

 (Cell)



Fredericksburg Office
 P.O. Box 553
 Fredericksburg, TX 78624
 830-997-2126
 Fax 830-997-9034

Mason Office
 PO Box 796
 Mason TX 76856
 325-347-6314
 Fax 325-347-6499

Llano Office
 PO Box 325
 Llano TX 78643
 325-247-4191
 Fax 325-247-1194

Kingsland Office
 PO Box 266
 Kingsland TX 78639
 325-388-4542
 Fax 325-388-9287

APPLICATION FOR ELECTRIC SERVICE

Name of Applicant/Business: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Co-Applicant: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Drivers License: _____ Drivers License: _____

Social Security: _____ Social Security: _____

Tax ID # (If Business): _____ 911 Address: _____

Have you had service with this Co-op before? : _____ Name on Account: _____

Name/Telephone of Nearest Relative: _____

Service will be to: (circle which applies)

RESIDENCE SINGLE-WIDE MOBILE DOUBLE-WIDE MOBILE CABIN SHOP/BARN OTHER: _____

DATA COLLECTION INFORMATION (optional)

Racial/Ethnic Group: White (not of Hispanic origin) Hispanic Black (not of Hispanic origin)
 American Indian or Alaskan Native Asian or Pacific Islander

NEW SERVICE

Location: County: _____ Subdivision: _____ Lot: _____

General directions to property: _____

Name of nearest neighbor: _____

Will it be necessary to cross someone else's property with our line? Yes _____ No _____

Approx. Sq. Ft. of Residence or Building: _____ Main Disconnect in Amps: _____

* If three phase service, or service larger than 350 Amps is required, please attach list with load analysis.

* Any service order that has been inactive for a period of 2 years (24 months) will be canceled.

I certify that the above information is correct.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

OFFICE USE ONLY:

FEES		
Membership _____	Connect Fee _____	Consumer Deposit _____
UG Meter Loop _____	Meter Loop _____	Total _____

Authorized Employee: _____ Date: _____

ACKNOWLEDGEMENT

THE STATE OF TEXAS

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COUNTY OF _____

This instrument was acknowledged before me, the undersigned authority, on this the ____ day of _____, 20____, by _____.

Notary Public, State of Texas

For the acknowledgement of multiple signers:

THE STATE OF TEXAS

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§
§

COUNTY OF _____

This instrument was acknowledged before me, the undersigned authority, on this the ____ day of _____, 20____, by _____ and _____.

Notary Public, State of Texas

For the acknowledgement of a person who has signed in a representative capacity:

THE STATE OF TEXAS

§
§
§

COUNTY OF _____

This instrument was acknowledged before me, the undersigned authority, on this the ____ day of _____, 20____, by _____ of _____, on behalf of _____.

Notary Public, State of Texas

WITNESS ACKNOWLEDGEMENT

THE STATE OF TEXAS

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§
§

COUNTY OF _____

Before me, the undersigned authority, on this the ____ day of _____, 20____, _____ appeared before me and after being duly sworn by me stated that he saw _____, Grantor, subscribe this instrument, and that he signed the same as a witness at the request of Grantor.

Notary Public, State of Texas