



Central Texas Electric Co-op

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

CREDIT APPLICATION

DATE: _____

APPLICANT'S NAME: _____

SPOUSE / CO-APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER – HOME: (____) _____ MOBILE PHONE: (____) _____

APPLICANT'S SOCIAL SECURITY # _____ DL# & STATE: _____

SPOUSE / CO-APPLICANT SS# _____ DL# & STATE: _____

TAX ID # (IF BUSINESS) _____

APPLICANT'S EMPLOYMENT _____ PHONE: (____) _____

SPOUSE / CO-APPLICANT EMPLOYMENT _____ PHONE: (____) _____

EMAIL ADDRESS: _____

SERVICE IS TO: RESIDENCE CABIN WELL M/H OTHER: _____

IF SERVICE IS TO A BUSINESS WHAT TYPE: _____

OWN or RENT LANDOWNER NAME: _____

ADDRESS OF SERVICE LOCATION: (IE: SUB-DIVISION & LOT#) _____

HAVE YOU HAD SERVICE WITH THIS CO-OP BEFORE? _____

IF YES: NAME ON ACCOUNT: _____

NAME OF NEAREST RELATIVE: _____

THEIR ADDRESS & TELEPHONE #: _____

LIST YOUR LAST ELECTRIC UTILITY FROM WHOM YOU HAD SERVICE UNDER THIS SAME NAME:

NAME OF UTILITY: _____ CITY / STATE: _____

LIST ONE CREDIT REFERENCE (PREFERABLY YOUR BANK)

NAME: _____ CITY / STATE: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY: CONSUMER DEPOSIT REQUIRED YES NO AMOUNT PAID \$ _____

DATE: _____ RECEIVED BY: _____