
Part A: Member Account Information

Name _____, _____
Last First Middle/Maiden

Mailing address _____

City State Zip Code

Home phone number _____ Work number _____

Social Security number _____ Spouse's name _____

Service address _____

Homeowner _____ Renter _____ (*Check one*)

Landlord's Name (if applicable) _____ Phone Number _____

Employer's Name _____

Name of nearest relative not living in your household _____

Relationship _____ Phone number _____

Part B: Deposit Exemption by Letter of Credit

Utility _____ Account number _____

Address _____ Authorized by _____

Part C: Deposit Exemption by Satisfactory Credit Bureau Report

Previous address (if at current address less than 2 years) _____
Street/P. O. Box

City State Zip Code

Authorization is required only if you are requesting an exemption from paying a deposit. If you authorize this request, WFEC will request a credit rating from the Credit Bureau of Marianna. You will not be required to pay the deposit provided your credit rating is satisfactory.

I authorize West Florida Electric Cooperative Association to inquire into my personal credit file.

Applicant's signature _____ Date _____

Part D: Deposit Exemption by Previous Credit History

In the last 12 months:

Number of delinquents _____ Number of cut-offs _____ Number of bad checks _____

Previous account number _____ Date account established _____

Part E: Deposit Exemption by Letter of Guarantee

Guarantor _____ Account number _____

Part F: Charges (For office use only)

Deposit waived: Yes _____ No _____

Membership fee _____ Connect fee _____ Deposit _____

Authorized by _____ Management verification _____