



LOCATION _____ ACCOUNT # _____ DEPOSIT _____

Commercial Application for Electric Service

The undersigned (hereinafter called the "Applicant") applies and agrees to purchase electric energy from the Mountrail-Williams Electric Cooperative (hereinafter called the "Cooperative"), upon the following terms and conditions:

1. The Applicant will, when electric energy becomes available, purchase from the Cooperative all electric energy used on the premises described below and will pay therefore monthly at rates to be determined from time to time in accordance with the by-laws of the Cooperative, provided however, that the Cooperative may limit the amount of electric energy to be furnished for industrial uses. The Applicant will pay a service charge of at least \$_____ per month/year regardless of the number of kilowatt hours consumed.
2. The Applicant will cause his premises to be wired in accordance with wiring specifications approved by the North Dakota State Electrical Board.
3. The Applicant will comply with and be bound by the provisions of the Charter and Bylaws of the Cooperative and such rules and regulations or policies as may from time to time be adopted by the Cooperative.
4. The Applicant assumes no personal liability or responsibility for any debts or liabilities of the Cooperative, and it is expressly understood that under the law, his private property is exempt from execution for any such debts or liability.
5. The Applicant agrees to provide to the Cooperative, free of charge, an easement for a distribution line required to provide service and service to adjoining applicants or land owners, provided that such line shall be so built that it shall not materially interfere with the normal use of the land by the owner.

___ I/We understand the electric service may be disconnected if any information furnished to the Cooperative is found to be fraudulent.

___ I/We acknowledge receipt of the by-laws and statement of nondiscrimination from Mountrail-Williams Electric Cooperative.

Federal Tax ID# or TIN _____ Date _____

Business Name _____

Business Address _____ Billing Address _____

Business City _____ Billing City _____

Business State/Zip _____ Billing State/Zip _____

Business Owner _____ Local Contact _____

Business Owner Phone _____ Local Contact Phone _____

Owner of Building _____ Operation Round-Up ___Yes ___No

Email _____ Connect/Transfer Date _____