PIERCE PEPIN COOPERATIVE SERVICES
Live Better®

Electric Service and Co-op Membership
BUSINESS APPLICATION

W7725 US Hwy 10 • Ellsworth, WI 54011 • (800) 924-2133 • Fax (715) 273-4476 • www.piercepepin.coop

Start/Connect Date _____

☐ Owner ☐ Renter (property owner info) _____

Do you have a Generator? Yes ☐ No ☐

Pierce Pepin Use Only
Member #_____
Account # _____
Date Received_____

Type of Service (check all that apply): ☐ Dairy Farm ☐ Farm-Other ☐ Commercial/Industrial
☐ Public Building ☐ Other _____

Has the applicant below previously had service with PPCS? ☐ Yes ☐ No

Applicant: _____

Type of Business: ☐ Corporation ☐ LLC ☐ Cooperative ☐ Partnership ☐ Other _____

State of Incorporation or Organization: _____

Federal ID No or Social Security No: _____
(Required for capital credit payments and credit references.)

Service Address: _____
Street address City/State/Zip

Billing Address (if different than Service Address): _____
Street/P.O. Box City/State/Zip

Applicant's Authorized Representative:** _____
First MI Last

Title or Office within Business: _____

Primary Business Phone*: _____ Direct Business Phone*: _____ Cell Phone*:_____

E-mail Address: _____

(*Applicant must provide at least one phone number where it may be contacted. See Terms and Conditions for more information concerning telephone notifications.)

(**See Terms and Conditions concerning the authority of Applicant's Authorized Representatives. Applicant may designate additional authorized representatives by completing the "Additional Authorized Representatives" form available from PPCS.)

APPLICANT: _____
Signature Business Title Date Signed

THE ABOVE-SIGNED APPLICANT HEREBY APPLIES FOR MEMBERSHIP IN PIERCE PEPIN COOPERATIVE SERVICES (herein called PPCS). BY SUBMITTING THIS APPLICATION TO PPCS, THE APPLICANT ACKNOWLEDGES THAT APPLICANT HAS RECEIVED AND AGREES TO THE PPCS ELECTRIC SERVICE AND CO-OP MEMBERSHIP TERMS AND CONDITIONS.