

**Customer Number** 

P.O. Box 46 1430 W. Main St. Greensburg, IN 47240-0046

OFFICE 812.663.3391
TOLL FREE 800.844.7362
FAX 812.663.8572
www.dcremc.com

01/2019

## **BUSINESS - APPLICATION FOR MEMBERSHIP AND ELECTRIC SERVICE**

A \$25.00 Refundable Membership is required, unless previously paid. A Deposit may also be required.

Business Name			Federal Tax ID Nu	mber
Incorporated Date	Phone Number 1		Phone Number 2	
Business Contact Name	Titl	e		Phone Number
Billing Contact Name	Pho	ne Number		Fax Number
Email		_		
Service Address		y, Zip		Meter Serving:  ☐ Home ☐ Garage/Shed
☐ Own ☐ Rent, Landlord and Pho		/, State, Zip		☐ Farm ☐ Seasonal ☐
Mailing Address (if different from service	<b></b>	,, ocace, <u></u> p		
Member Signature				
I hereby request electric service from the Decatur Count agree to be bound by the Articles of Incorporation, the B to receive autodialed or prerecorded calls, texts, and/or of about outages, due dates, tree trimming and other inform consent as a condition of purchasing any property, goods joint responsibility.	y-Laws and amendments thereto, and email messages from DCREMC at the ational messages, and that I can opt-ou	such rules and regulations as ma number(s) kept on record. I undo t of receiving such calls and texts	y be adopted from time to erstand that such calls, te at any time. I further und	time by the Board of Directors. I agreems, and/or emails may relay information derstand that I am not required to provide
Operation RoundUp Program: by default, all accounts at	re 'opted in' to the program. Members	who do not wish to participate i	n the program may 'opt o	ut' at any time
Office Use Only				

**REMC** Representative

Date

## Section 2 Must be notarized if not completed in the presence of an REMC representative

STATE OF	, COUNTY OF	
	day of, 20, who after having been duly sworn according facts stated above, and in all exhibits attached hereto, and that the same are true.	g to
Notary Public:	_	
My commission expires:	_ (SEAL)	
County of Residence:	_	