



Electric Service and Co-op Membership RESIDENTIAL APPLICATION

W7725 US Hwy 10 • PO Box 420 • Ellsworth, WI 54011 • (800) 924-2133 • Fax (715) 273-4476 • www.piercepepin.coop

Desired Form of Membership Single Joint

Start/Connect Date _____

Owner Renter (property owner info) _____

Will this be your year-round residence? Yes No Do you have a Generator? Yes No

Type of Service (check all that apply): Residential Seasonal/Cabin Other _____

Have any of the applicants below previously had service with PPCS? Yes No

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

Applicant _____

Driver's License No: _____ State of Issue: _____
First MI Last

Social Security No: _____ Date of Birth: _____

(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

Primary Phone*: _____ Work Phone*: _____ Cell Phone*: _____

Employer: _____

Email Address: _____

Co-Applicant (if joint membership): _____

Driver's License No: _____ State of Issue: _____
First MI Last

Social Security No: _____ Date of Birth: _____

(Required for capital credit payments and credit references.)

Primary Phone*: _____ Work Phone*: _____ Cell Phone*: _____

Employer: _____

Email Address: _____

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

APPLICANT: _____
Signature Date Signed

CO-APPLICANT: _____
Signature Date Signed

THE ABovesIGNED APPLICANT (including any Co-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.