

CC #:

ACCT #:

## **Membership Application - Business**

As a condition of providing service, please complete the **required fields** below. You are also required to include your Federal Tax ID # for identification (If you do not have a FID # please supply a copy of a valid drivers license and social security number for the owner.

For the safety of this document during office processing, please use the enclosed return envelope only.

Business Name						Federal Tax ID #			
Contact Person(s)				Job Title		Contact #			
Business Phone				Mobile Phone	Other Phone		E-mail Address		
Mailing Address					City		State		Zip Code
Service Address					City		State		Zip Code
Are you:		Owner		Renter	Backup Generator?: 🛛	Yes		No	
If Renter, please comp	lete th	he follow	/ing:						
					Name of Owner			Phone	Number of Owner

As a cooperative member/owner, I/we shall have the rights and privileges granted to members under the articles of incorporation and bylaws of the Corporation or any amendments thereof and will comply with and be bound by such articles of incorporation and bylaws and all rules and regulations as may from time to time be adopted by the board of directors of the Corporation, and I represent I have legal capacity to enter into the membership contract.

The applicant hereby agrees that not less than \$3.00 nor more than \$4.00 of the amount paid for electricity each year is for a subscription to Michigan Country Lines. (Country Lines is the least expensive and most effective way to send you member-ownership notices that we are legally required to send to every member.)

By signing below and initialling the paragraph, you give your unconditional consent for HomeWorks to contact you by auto dialer, pre-recorded, telemarketing or similar phone call and texts to your cell, internet, or landline phone for all purposes associated with supplying electricity, including but not limited to, collections, marketing, billing, account balances, low account notification, energy usage and expiration and service termination notifications. You may opt out of this provision at any time by calling or sending an e-mail to tricoenergy@homeworks.org.

Signature	Date	Witness	Date
Signature	Date	Witness	Date
Ontional: To add a contact parson on th		count places provide their name	and a naceword

Dptional: To add a contact person so they may inquire on your account, please provide their name and a password: Name and Password: