

Welcome to the Nueces Electric Cooperative Retail Division (NEC RD)! You have selected one of the most competitive and highest quality retail electricity providers in Texas. As our customer, you are also a member-owner of Nueces Electric Cooperative, Inc. (NEC). This means you are an owner of the electric utility that serves you! NEC RD is part of a not-for-profit organization, dedicated to giving you the best possible electric service at the most reasonable rates. Let us know if there is ever anything we can do to serve you better! Please fill out this form to receive your electric power from NEC RD!

**For NEC Personnel Use Only:**  **Membership Fee Paid**  **Credit Check (\$4 charged on first bill)**  **Deposit Collected \$\_\_\_\_\_**

**Service Information**

**TYPE OF SERVICE**

- I am moving to this new address, and I am not a current Nueces Electric Cooperative customer. (Requires a minimum of 3-5 business days to process.) **When is your Move In Date?** \_\_\_\_\_
- I am switching my electric service from my current Retail Electricity Provider to Nueces Electric Cooperative for the address where I currently reside. Please allow 30-45 days for the switch to occur.
- I am currently a Nueces Electric Cooperative member.

<b>ERCOT Notification</b>	Waive: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Notification Address</b> (if different than billing address)
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**Service Package or Plan Name:**

**Account Information**

<b>CUSTOMER INFORMATION</b>	Full Name of Business		Billing Contact	
	Federal Tax I.D. #		Type of Business	How long in business?
<b>Billing Address</b>	Billing Address			Does this business impact public health or safety? <input type="checkbox"/> YES <input type="checkbox"/> NO
	City	County	ESI ID/ Meter Numbers (REQUIRED!)	
	State	Zip Code		
<b>Bank Draft Authorization (optional)</b> <i>Note: Be sure to Enclose a Voided Check with this form.</i>	I authorize NEC to charge my electric bill each month to my financial institution account and I authorize my financial institution to debit the amount monthly. <i>Note: Be sure to Enclose a Voided Check with this form.</i>			
	Name of Bank, Credit Union, or Savings & Loan	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Routing Number	Account #
	Signature of Authorized Account Holder		Date	
<b>Service Address</b> <i>(only complete if different from billing address above)</i>	Service Address Line 1			
	City	State		
	Zip Code	Previous REP		
<b>Phone/E-mail</b>	Business Phone	Delivery Service Company (circle one) NEC AEP TXU Centerpoint TNMP		
	Mobile Phone	E-mail Address		
<b>Interim Contact Information</b>	Name	Address	E-mail	Daytime Phone

**Service & Membership Agreement**

Nueces Electric Cooperative (NEC) has my permission to use the information I am providing in this form to enroll me for electricity service in Texas. I affirm that I am at least 18 years of age and legally authorized to switch the electricity provider for the address shown above, and I have reviewed and agree to the Agreement Terms for my Local Energy Delivery Company area. I am authorizing (1) the NEC Retail Division (NEC RD) to become my new Retail Electricity Provider (REP) in place of my current REP; (2) NEC to act as my agent to make this change and direct my current REP to work with NEC to make this change.

Additionally, I hereby make application for membership in NEC, subject to a **\$15 MEMBERSHIP FEE (unless already a NEC member)** and approval by the Board of Directors. **I understand that I must prove satisfactory credit through one of the following methods:** (1) a satisfactory credit rating through a consumer reporting agency, as defined by Federal Trade Commission; (2) provide a satisfactory Letter of Credit from a previous REP (within the last 2 years), that represents no more than ONE (1) delinquent payment on my electric bills during the past 12 months and that service was not terminated or disconnected for non-payment; (3) if applicant is 65 years of age or older, and not currently delinquent in payment of any electric service account; (4) if applicant has been determined to be a victim of family violence through the provision of a letter developed by the Texas Council on Family Violence from a family violence center or medical personnel; (5) the customer demonstrates medical indigence as defined in PUCT Substantive Rule §25.478(a)(3)(E); or (6) applicant may provide a letter of guarantee from another NEC RD customer in good standing. If satisfactory credit is not proven, I understand that I may be required to pay a deposit or may be denied service. If required, the deposit must be received by NEC upon enrollment or within 10 days of receipt of enrollment form by NEC RD. I understand that any deposit will be retained, earning interest, by the cooperative until refunded according to the terms of service. I also understand that I may be required to pay a deposit if I am deemed now (or in the future) to be a credit risk to the Cooperative. Subject to applicable provisions of the bylaws of the Cooperative as they exist and any modifications thereto properly approved and authorized from time to time, I understand that: (i) the membership fee is refundable only upon termination of electric service provided that all debts and obligations have been paid; (ii) the membership fee may be placed in my membership account and that said account may also be used to facilitate distributions, if any; (iii) upon termination of electric service, the funds in my membership account shall normally be refunded if I am able to be located; (iv) the membership fee is non-transferable and that no interest shall be payable or accrue on the membership fee or other monies held in a member's capital account; and (v) my member capital account may be used to offset losses incurred by the Cooperative. I have received a copy and agree to follow and accept the Cooperative Bylaws and tariff provisions as they exist and modifications thereto properly approved and authorized from time to time.

**Verifique aquí si usted prefiere recibir información del NEC RD en español. (Check here if you prefer to receive information from NEC RD in Spanish.)**  
 **Hurry! Check here if you would like to authorize a credit score check to speed up your enrollment process (there will be a \$4 charge on your first bill to cover this cost). I understand that NEC RD will contact me at the phone number above to inform me if this report does not demonstrate satisfactory credit and provide my deposit requirement.**

<b>Print Name of Authorized Representative &amp; Title</b>	<b>Date</b>
<b>Signature of Authorized Representative</b>	