

WASHINGTON ELECTRIC COOPERATIVE, INC.
CREDIT REFERRAL FORM

FILL OUT BELOW FOR CONSIDERATION TO

WAIVE REQUIREMENT FOR DEPOSIT ON ENERGY OR FOR REFUND OF DEPOSIT PAID

CUSTOMER'S NAME _____ WEC MAP NO. _____

New address _____ Old address _____

City State Zip

City State Zip

PLEASE SIGN BELOW to authorize your chosen credit reference institute to release your credit history to WASHINGTON ELECTRIC COOPERATIVE, INC. This information will be used to evaluate your request for a waiver of deposit or a refund (if same was paid):

Signature of member (prospective member)

Date

AFTER YOU COMPLETE THE ABOVE INFORMATION:

**FORWARD THIS CREDIT REFERENCE FORM TO
ONE (1) OF THE FOUR LISTINGS BELOW**

Checking (minimum 1 year)

SECTION I: BANK CREDIT REFERENCE:

Account # _____

NAME OF BANK/Address/phone # _____

Name(s) on account _____

Account now active ___ YES ___ NO Any overdrawn checks within past year of service on above party ___ YES ___ NO

Length of service _____

Completed by: _____ Title _____ Date _____

Additional comments: _____

SECTION II: FOR UTILITY/CABLE TELEVISION COMPANY REFERENCE

Account No: _____ (minimum 2 years service)

Name account under: _____

NAME OF UTILITY/CABLE CO. _____

Address _____ Phone # _____

Account now active ___ YES ___ NO More then one disconnection notice during Past year ___ YES ___ NO

Length of service _____

ANY disconnection of service for nonpayment within past two years ___ YES ___ NO

ANY outstanding monies owned _____ YES _____ NO

Completed by: _____ Title _____ Date _____

Additional comments: _____

(OVER)

SECTION III PAYMENT GUARANTEE BY ACTIVE COOPERATIVE MEMBER

Billed under: _____

Account No. _____ Map No. _____

Guarantor

I, _____, GUARANTEE payment, not to exceed \$ _____, for the prospective customer _____ for a period of _____ YEAR(S). I understand any unpaid balance, not to exceed the amount guaranteed above, becomes my responsibility for payment if unpaid by the above party at an uncollectible status of the account and may be applied to my energy account as a balance due. This guarantee must be for a period of at least one (1) year in order to waive the deposit and guarantee must equal the deposit amount. Cancellation, by either the Cooperative or myself, prior to the end of this period, requires a thirty (30) day written notification, copies of which will be sent by WEC to the Guarantor, and the member for whom you are guaranteeing payment.

SIGNATURE (must be signed by member of record)

Date

SECTION IV: OTHER CREDIT REFERENCES TO BE CONSIDERED

NAME OF REFERENCE/Address/phone # _____

Name(s) on account: _____

Length of service _____

Account now active _____ YES _____ NO

Account standing: Monies owed at present time _____ YES _____ NO

If YES, on delinquent status _____ YES _____ NO

Any delinquent collections past year _____ YES _____ NO

Completed by: _____ Title _____ Date _____

Additional comments: _____

CREDIT HISTORY INFORMATION MUST BE COMPLETED BY AN OFFICIAL FROM THE COMPANY OF YOUR CHOICE. THEN FORWARD COMPLETED FORM TO

WASHINGTON ELECTRIC CO-OP \ P.O. Box 8 \ East Montpelier, VT 05651
FAX NO. 1-802-223-6780 Phone No: 1-802-223-5245 or TOLL FREE 1-800-932-5245

(Below this line for WEC Office use only)

Credit approved _____ YES _____ NO By: _____ Date _____

Deposit paid \$ _____ Date _____

Transfer _____ New connection _____ Reconnection _____