



Barton County Electric Cooperative

Your Touchstone Energy Partner 

91 West HWY 160
Lamar, MO 64759
(417) 682-5636 or 800-286-5636
Fax (417) 682-5276 Operations (417) 681-5075
www.bartonelectric.com

APPLICATION FOR ELECTRIC SERVICE

Please PRINT information as you would like it to appear on Cooperative records.

Applicant Name _____ Joint Single
First Middle Initial Last

Service Address _____

Billing Address _____

Social Sec # _____ Date of Birth (Must be at least age 18) _____

Primary Phone # _____ Email Address _____

Employer _____ Employer Phone _____

Spouse or Authorized Contact _____

Authorized contact is someone authorized by member to receive account information only

Social Sec # _____ Date of Birth (Must be at least age 18) _____

Primary Phone # _____ Email Address _____

Employer _____ Employer Phone _____

Mark the box that most accurately describes the predominant use of electricity. Please mark only one.

Residential Commercial Irrigation Organization

I hereby authorize the Cooperative to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus chosen by the Cooperative. I understand the credit report obtained and considered will comply with the provisions of the Fair Credit Reporting Act. My signature below authorizes a deduction of not less than \$2.00 and not more than \$4.00 annually from the Cooperative's equity as payment for my subscription to the monthly publication, Rural Missouri.

I am interested in information regarding Auto Debit Online Bill Pay Budget Billing

To be completed by a Barton County Electric representative.

Map Location Number _____ Deposit \$ _____ Cash Ck #
 Waived Credit Card

In applying for membership service with Barton County Electric Cooperative, I am applying to receive electric service at the location described above. I agree to conform to and abide by the bylaws and regulations as provided by the Board of Directors of the Cooperative, as now exists or as may hereafter be adopted.

Signature:

*Type your name as you would sign it. By typing your electric signature, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Office Use Only

From _____ Mtr Rd _____ Date Effective _____
To _____ Notes _____