

146 Faculty Street Extension PO Box 1130 Boone, NC 28607 Office (828) 264-3671, Fax (828) 262-6726 Email forms to: NRLP-CSR@APPSTATE.EDU

APPLICATION FOR ELECTRIC SERVICE

Dear Future Customer:

Please complete the following information and return with either the prepaid service option selected, your deposit*, completed Guarantor Form or Credit Reference. *REMEMBER TO SEND A COPY OR BRING PHOTO ID*.

If Personal – NAME:			
	First	Middle	Last
DRIVER'S LICENSE NUMBER & STATE:		Date of Birth:	
If Business – COMPANY	NAME:		
Business Tax ID:	-		
ADDRESS TO MAIL BILL:	_		
CONTACT INFO:	Email:	Cell Phone:	
	Home Phone:	Business Phone:	
SERVICE ADDRESS TO B	E CONNECTED:		
APARTMENT COMPLEX	NAME:		
DATE TO BE CONNECTED:		METER NUMBER (if known):	
	(Next Da	ıy Service Only - <u>Excluding Weekends and Legal Holida</u>	<u>ys</u>)
Please choose your pre Check box for tradi Check box for prep	ferred billing met tional monthly bil aid service. A \$25	ling service. Security deposit required (amounts vary by balance (+ connect fee) is required to start.	y location).
Are you a renter or property owner at the service address? Renter Owner Have you been a NRLP customer in the past? Yes No			
OPTIONAL: Green Power Program – 1 block = 250 kWh of renewable energy** MORE INFO 1 block: \$5 extra/month 2 blocks: \$10 extra/month Custom amount/month \$ OPTIONAL: Good Neighbor Round Up Program – supporting the Hospitality House MORE INFO Round up my bill to nearest dollar Add Additional Amount \$ One-time donation \$			
SIGNATURE OF THE PERSON WHOSE NAME IS ON THE ACCOUNT IS REQUIRED TO CONNECT OR DISCONNECT SERVICE.			
Signature:		Date:	

*Please call for deposit amount or additional information. **The renewable resource currently offered is hydroelectric power.