

Telephone: (605) 673-4461 Toll-Free: (800) 742-0085 E-mail: bhec@bhec.coop Fax: (605) 673-3147

* * * * APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP * * * *

The undersigned hereby requests electric service and applies for membership in the Cooperative with all voting and related privileges and agrees to comply with and be bound by the By-Laws, Rules, Regulations, Rates, and Policies as adopted by the Cooperative's Board of Directors and membership from time to time. We are required to provide you with certain information about your cooperative. Our monthly newsletter, Black Hills Electric Cooperative Connections, is the most economical way to keep you informed. The undersigned promises to pay a security deposit or provide a good credit reference and promises to pay for all electric service received and charges incurred and as a condition of membership, will give an easement for service. The undersigned grants to the Cooperative the right to construct, operate, maintain and repair its lines and all equipment connected or used in connection therewith and to cut and trim trees, bushes, or shrubbery as to completely clear BHEC's line of obstructions. All service lines, meters, switches, and other equipment constructed or installed by the Cooperative remain the sole property of the Cooperative.

Corporation Name Auth		horized Signature		Today's Date
Tax ID Number	Incorporation Date			
The undersigned Guarantors above corporation to Black H		ally bound for all fees	s, charges and unp	paid balances due by the
Officer & Guarantor	Last 4 digits SSN Officer & Guarantor's Signature (Attach copy of driver's li		ach copy of driver's license)	
Officer & Guarantor	Last 4 digits SSN	Officer & Guarantor's Signature (Attach copy of driver's license)		
Corporation Mailing Address	City		State	Zip + 4
Home Telephone Number	Business Telephone Number		E-Mail Addres	S
Have you been a member of Black Hills Electric Cooperative in the past? If so, should this account be under the same membership number? Name(s) under previous membership			Yes	No No
Who should we contact if we h	•			
Who should we contact for operations & maintenance? Phone: E-mail Address:				
According to the Civil Rights Compliant the race/ethnic group of residences was acial/Ethnic Group: White Hispanic or Latino	ance Requirements, all RUS Borro	ponse to the following i	nformation is volunt dian or Alaska Native	
Office Use Only: SO/WO NO.		_		
•			DATE PROCESSED	