BUSINESS MEMBERSHIP APPLICATION GOLDEN VALLEY ELECTRIC ASSOCIATION

Box 909 • Delta Junction, AK • 99737 (907) 895-4500

Box 71249 • Fairbanks, AK • 99707-1249 (907) 452-1151 Fax (907) 458-6371 Box 00130 • Nenana, AK • 99760 (907) 832-5481

CORPORATION	☐ PARTNERS	<u> </u>	OTHER
Business Name			
Mailing Address	Street or P.C	Box	
City	Stat	e	Zip
Business Phone No	_ Other Phone		FAX No
Business License No.	_ Federal Tax	I.D. No	A.
Has this business been a member of GVEA in	the past? Yes	No Location	on?
Location you are applying for (street address)			
Subdivision		Lot No	Block No
Inside City limits?	Vhich city?		
Inside Fairbanks North Star Borough?	Yes No		
Type of Heat: Oil E	lectric Wo	od Coal	Other
House Mobile Home	Apt.	Condo	Business Other
If business or other, please describe			
Number of meters applying for:			ount(s):
(Each meter will be a separately billed account		sir to assume this acco	Month Day Year
Meter # & Read		Meter #	& Read
Meter # & Read		Meter #	& Read
Is this a rental property? Yes N		1710001 //	
Are you the Owner In process of		nterAgentC	Other
If renting, you MUST provide the owner's or	agent's:		
Name	_		
Last	First	Middle	e Initial
Mailing Address			Phone No
Does this meter serve anyone using a life sup	ort system?	es No If YES	S, name of person and type of equipment use
			DI FACE CEE
,			OTHER SIDE

THIRD PARTY NOTIFICATION

You may designate a third party to receive a copy of any termination notice regarding disconnections initiated by GVEA. Some of the information this notice will contain includes the name and address of the member whose service is to be disconnected, the service address, the date of disconnection, and explanation of the reason for the proposed disconnection, and where appropriate, a statement of the amount of the delinquent bill. This designation does not entitle the party named to act on behalf of the member.

Name					
Last	First		Middle Initial		
Mailing Address	14				
Home Phone	Message Phone				
If this is a Partnership, please list all partners an	nd their mailing addresses.				
Name	Soc. Sec.	No			
Mailing Address					
Name	Soc. Sec.	No			
Mailing Address	**************************************		×		
Name	Soc. Sec. No				
Mailing Address			-		
Please list the two persons who are authorized to	vote on behalf of the busines	S. (They will also be able to transact	business on the account.)		
1	2				
Please list any officers, directors, partners or indi	ividuals that you wish to author	orize to transact business or	this account.		
1	3				
2	4				
I certify that all the information given above is to of incorporation and bylaws of the Association a ment in this application may result in GVEA refu these results.	nd any rules and regulations a	dopted by the Directors. I	understand that a misstate-		
Signature	Position/title		Date		
Signature	Position/title		Date		
PLEAS	SE DO NOT WRITE BELOW	THIS LINE			
Was member advised of service contract?	Yes No Amt	Rate minimum? Yes	☐ No Amt		
Was member advised of class of service?	RGS-	-1GS-2	BDT checked		
Account No	Membership	Deposit	<u></u>		
Connect Fee	Rec. Fee	Misc	Date Pd		
Notes					
	4				
Member ID#	Serv. Rep				