

Karnes Electric Cooperative, Inc. Online Credit Verification Report

Applicant/Company Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

State: _____

Residential:

Social Security#: _____ Date of Birth: _____

Home Phone#: _____ Cell Phone#: _____

Drivers License#: _____ State: _____

Commercial:

Federal Tax ID#: _____

Business Phone#: _____ Business Fax#: _____

Contact Person: _____

I hereby authorize Karnes Electric Cooperative, Inc. to perform any credit verification deemed appropriate by the cooperative.

Member

Verbal authorization received from _____ on _____ (Date)
by _____ (Employee)

Cooperative Use Only _____ Approved/Waive Deposit _____ Declined/Collect Deposit _____ Date	Requested by: _____ Date: _____
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