



Slash Pine EMC

Electric Membership Corporation

Office Use Only

Processed By _____

Date _____

Credit Report Authorization

Applicant's Name _____ SSN _____

Date of Birth _____

Address _____
Number, Street/Road, City, State, Zip

Home Phone No. _____ Cell Phone No. _____

Employer _____

Employer Contact _____ Employer Phone No. _____

I certify that everything I have stated in this application and on any attachments is correct. By signing below I authorize Slash Pine EMC to check my credit history status through the Online Utility Exchange, employment history, and to answer any other questions that Slash Pine EMC may have concerning my credit record with me for the sole purpose of determining my service security deposit. I understand by refusing to grant this authorization, I will pay the maximum deposit as set by the Board of Directors of the Cooperative.

Customer's Signature

Date

Complete this section only if joint applicant or spouse:

Applicant's Name _____ SSN _____
Joint applicant or Spouse

Date of Birth _____

Address _____
Number, Street/Road, City, State, Zip

Home Phone No. _____ Cell Phone No. _____

Employer _____

Employer Contact _____ Employer Phone No. _____

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