

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)

<p>Cooperative Use Only</p> <p>_____ Approved/Waive Deposit</p> <p>_____ Declined/Collect Deposit</p> <p>_____ Date</p>	<p>Requested by: _____</p> <p>Date: _____</p>
---	---