



APPLICATION FOR SERVICE BUSINESS MEMBERSHIP AGREEMENT

Member-Acct No. _____

New Account:

Start date: _____

Existing Account:

Effective date: _____

Identification and Fees

Member Fee \$ _____

Connect Fee \$ _____

Deposit \$ _____

Copy Picture ID

Total \$ _____ CSR Initials _____ Date _____

OFFICE USE

Customer & Billing Information

Applicant Name _____

Attention (Name of Contact Person) _____

Mailing Address _____ Business Phone _____

Street Address or PO Box

Unit No

City

State

Zip Code

Cell Number _____

E-mail Address _____

Service Location Information

Service Address _____

Street Address

Unit

City

Zip

If different than above:

Local Business Phone #1 _____ #2 _____ FAX _____ Email _____

Property Status: Own Rent *If renting, please provide landlord information*

Landlord Name _____ Phone Number _____

Landlord Address _____

Street Address

Unit No.

City

State

Zip Code

Business Information

Type of Business _____ Business License _____ Federal ID _____

Person(s) authorized to transact business on this account (in addition to partners listed below):

Name _____ Contact Phone Number _____

Name _____ Contact Phone Number _____

Business and Bank References _____

Sole Proprietorship

Name of Proprietor _____ Driver's License No. _____ Social Security No. _____

Corporation* LLC* Government Partnership **Must provide corporate guarantee on reverse side*

Corporate Officers / Members / Partners

Name _____ Title _____ Driver's License No. _____

Name _____ Title _____ Driver's License No. _____

Name _____ Title _____ Driver's License No. _____

Agreement

I agree to comply with Chugach Electric Association Inc.'s Bylaws and its regulations and tariffs as amended. I agree to provide safe and unobstructed access to premises to Chugach employees and to promptly pay all Chugach bills that are due. I understand that my failure to comply can result in suspension of service and termination of membership. It is mutually agreed that acceptance of this application constitutes a contract which will continue until termination as provided in Chugach's tariff, which is available upon request at Chugach.

Signature

APPLICANT SIGNATURE / TITLE

PRINTED NAME OF APPLICANT / TITLE

GUARANTEE OF CORPORATE ACCOUNT

THIS AGREEMENT is made this _____ day of _____, 20____, by and between _____

(person/s guaranteeing account) _____ (Guarantor/s) and Chugach Electric Association, Inc. (Chugach).

In consideration of financial accommodation given or to be given to _____ (Member) by Chugach, the Guarantor(s) hereby jointly and severally, with all other guarantors, guarantee payment to Chugach, its successors and/or assigns, in whole or in part, of all liabilities and indebtedness which the Member has incurred or may incur to Chugach.

Chugach may apply all money received from the Member, or from collateral or otherwise, upon such part of the Member's indebtedness as Chugach designates, without in any way limiting or lessening the liabilities of the undersigned under this Guarantee.

Chugach shall not be required to exhaust its recourse or take any action against the Member or other parties on the collateral it may hold before being entitled to payment by the undersigned of all amounts hereby guaranteed, but may make such demand and may take such actions as it deems advisable.

This shall be a continuing guarantee and shall be binding without notice to the undersigned of its acceptance, and shall cover all liabilities which the Member may incur or be under, including indebtedness arising under successive transactions and any extension or renewal thereof, until the undersigned shall have given Chugach notice in writing to make no further advances on the security of this Guarantee.

This Guarantee shall be revocable only as to transactions entered into by Chugach subsequent to its receipt of written notice by the Guarantor(s) of termination. Such notice by any one or more of the Guarantor(s) shall not lessen or diminish in any way the liability of any other guarantors on any indebtedness or liability incurred prior to receipt by Chugach of such notice, nor shall it lessen or diminish the liability of other guarantors of the Member who do not give such notice. In the event that revocation of this Guarantee by one or more of the Guarantor(s) leaves Chugach without adequate security for payment of subsequent indebtedness of the Member, it is understood that Chugach may take such further action to secure payment as may be lawful under the circumstances, including requiring an additional security deposit.

The Guarantor(s) waive notice of acceptance of the Guarantee, and notice of transactions between Chugach and the Member, and further waive notice of the incurring of liability by the Member, and of the amounts and terms thereof, and of all defaults or disputes with the Member, and of the settlement or adjustment of such defaults or disputes.

The Guarantor(s), without affecting their liability under this Guarantee in any respect, consent to waive notice of default on the part of the Member.

The Guarantor(s), without affecting their liability under this Guarantee in any respect, consent to and waive notice of all changes of terms, the withdrawal or extension of credit or time to pay, the release of the whole or any part of the indebtedness, the settlement or compromise of differences, the acceptance or release of security, the acceptance of notes, trade acceptances, or any other form of obligation for the Member's indebtedness, and the demand, protest and notice of protest of such instruments or their endorsements.

The Guarantor(s) guarantee and represent that they are stockholders, directors, officers of and/or are financially interested in the Member.

Nothing contained in this Guarantee shall be construed as an obligation on Chugach's part to extend credit to the Member, nor as an obligation to continue to extend credit to the Member.

DATED: _____

Guarantor Signature (Do not use corporate or business titles.)

DATED: _____

Guarantor Signature (Do not use corporate or business titles.)

STATE OF ALASKA)
) ss.
THIRD JUDICIAL DISTRICT)

I HEREBY CERTIFY that on the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and or the State of Alaska, personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to within the instrument, and acknowledged that he/they executed the same voluntarily and of his/their own will for the uses and purposes set forth therein.

NOTARY PUBLIC in and for Alaska
My Commission Expires: _____