

CREDIT RELEASE AUTHORIZATION

McCone Electric Co-op., Inc.
P.O. Box 368, Circle, MT 59215
(406)-485-3430 Fax (406)-485-3397

New Member:

Please complete the Utility Account Information. Please have your previous/present utility company complete the Credit Rating Information. Your credit rating is due in McCone Electric's office within 15 days of the application date.

UTILITY ACCOUNT INFORMATION

I am applying for utility service at McCone Electric Co-op., Inc. In order to evaluate my request to waive a security deposit. I hereby authorize you to release any credit information regarding my

account at: _____
(Utility Name) (Utility Address)

Application date _____

Name _____

Account No. _____

Service address _____

Social security No. _____

Signature **X** _____

CREDIT RATING INFORMATION

The completed credit information must be mailed to:
McCone Electric Co-op., Inc., P.O. Box 368, Circle, MT 59215

Dates of service _____

Late notices mailed in the past 12 months? _____

Service disconnected for non-payment? _____

Final bill paid? _____

Additional remarks _____

Signature _____

Telephone No. _____ Date _____