

Deep East Texas Electric Cooperative, Inc.

APPLICATION FOR NEW SERVICE

The following information is requested to establish your account for electric service. Please be sure that all information is accurate and pertains to the responsible party.

Name _____

Mailing Address _____

Social Security # _____

Drivers License # _____

Home Phone # _____

Cell Phone # _____

Employer _____

Work Phone # _____

Spouse _____

Spouse's Social Security # _____

Spouse's Driver's License # _____

Location of service or name of last person to have service at this location.

Landlord Name & Phone # _____

Type of service _____

House, Mobile Home, Travel Trailer, Water Well, Barn, Etc.

Signature of Applicant _____

Signature of Spouse _____

You will also need to provide us with a copy of your driver's license and social security card when returning this application for service.

RETURN FORM TO

Deep East Texas Electric Cooperative
P.O. Box 736
San Augustine, TX 75972

(936) 275-2314 or 1-866-392-2547

Fax: (936) 275-2135

If faxing information call to confirm receipt.