

## FORM TO USE FOR RECEIVING CREDIT REFERENCE

I, \_\_\_\_\_ (customer name) authorize \_\_\_\_\_  
(former utility) to release to Douglas Electric Cooperative, Inc., Armour SD 57313 the  
information to be used in determining if the electric service deposit will be returned.

I understand that if I do not provide this information by deposit of \$ \_\_\_\_\_ to  
Douglas Electric Cooperative will not be refunded until after two years of satisfactory credit  
record or until termination of service.

Signed: \_\_\_\_\_  
Customer

## PARENTS STATEMENT IN LIEU OF CREDIT DEPOSIT

I will be responsible for any unpaid bills for the applicant for two years.

APPLICANT SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return to Douglas Electric Cooperative, Inc.

27913 US Hwy 281

Armour SD 57313

(605) 724-2323

FAX: (605) 724-2972

E-MAIL: jenn@dougaselec.coop