CUSTOMER CREDIT INFORMATION

NAME:	ACCOUNT NO:			
SERVICE FROM		TO		
AMOUNT OF DEPOSI	T		_	
SERVICES USED:	ELECTRIC		_ WATER	
	GAS		_ SEWER	
	OTHER			
PAYING HABITS: PROMPT	_ FAIR	SLOW	POOR	
AVERAGE AMOUNT OF MONTHLY BILL:				
IS FINAL BILL PAID: YES NO AMOUNT STILL OWED				
NUMBER OF TIMES LATE IN THE PAST 12 MONTHS				
REMARKS:				
THIS FORM HAS BEEN COMPLETED BY:				
	NAME			
	TITLE			
DATE				

This form can be printed, filled out by your previous utility and mailed to Lyon Rural Electric Cooperative, PO Box 629, Rock Rapids, IA. 51246 or it may be faxed to Lyon Rural Electric Cooperative at 712-472-3925