

Barron Area Phone: (715) 537-3171
Toll Free: 800-322-1008
Fax: (715) 637-1906



Dallas Sloan
General Manager
www.barronelectric.com

ACCOUNT TRANSFER REQUEST FORM

Name: _____ Date: _____

Address: _____ Effective Date: _____

City/State/Zip: _____ Phone #: _____

CURRENT MEMBER INFORMATION

Name: _____ Mailing Address: _____

Account #: _____ City/St/Zip: _____

Current Phone #: _____ New Mailing Address: _____

NEW Phone #: _____ City/St/Zip: _____

If new member information is not returned before effective date, location will be disconnected.

NEW MEMBER INFORMATION

Name: _____ Social Security #: _____

Name: _____ Social Security #: _____

Billing Address: _____ Service Address: _____

City/St/Zip: _____ City/St/Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Own Rent – please provide Landlord information

Landlord Name: _____ Phone #: _____

Address: _____ City/St/Zip: _____

Barron Electric charges a refundable consumer deposit to those who have no established credit or who pose a credit risk. Prior to establishing electric service we will need to check credit history and/or have a deposit on hand, plus a completed and signed “Application for Membership and Electric Service Form”.

I give my permission for Barron Electric to use my social security number to check my credit history.

I will pay the consumer deposit of \$300 to connect service in lieu of allowing a credit check.

Signature: _____

Please return form to:
Barron Electric Cooperative
PO Box 40
Barron WI 54812-0040
Fax: 715-637-1906
billing@barronelectric.com