

**BUSINESS REQUEST FOR CAPITAL CREDITS BENEFITS  
OF COAHOMA ELECTRIC POWER ASSOCIATION**

**Instructions:**

**This form must be received by Coahoma Electric with necessary legal documentation beginning June 2016 and ending August 31, 2016.**

1. Name of Business: \_\_\_\_\_
2. Years of Operation: \_\_\_\_\_
3. Type Organization: \_\_\_\_\_  
(Corporation, Partnership, LLC, Sole Proprietorship, d/b/a)
4. State under which organized: \_\_\_\_\_
5. Reason Business Closed: \_\_\_\_\_ (Bankruptcy, closed business for other reasons, death, etc.)
6. If Corporation, name, address and telephone number of stock-holders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(If stock-holders deceased, refer to Application of Deceased Members)
7. If Partnership, name, address and telephone number of partners:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(If partners deceased, refer to Application of Deceased Members)
8. If LLC, name, address and telephone numbers of members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If sole proprietorship or d/b/a not officially formed and established agreeable to state law, refer to application of deceased members.
10. Request applicant provides copy of any legal paperwork concerning the formation or termination of the legally created entity.

**I hereby certify and declare that:**

1. I am the party legally entitled to claim ownership of this Patronage Capital Account, and
2. I have attached documentation to support and validate my claim for ownership of this Patronage Capital Account, and
3. I agree to indemnify and hold Coahoma Electric harmless for any and all damages, which may arise from subsequent claims to this Patronage Capital Account, and
4. I understand that a copy of this certification statement and any accompanying documentation will be released to any party making subsequent claim to this Patronage Capital Account.
5. I understand that to the extent such member-owner or deceased member-owner owes any outstanding sums to Coahoma Electric, any Patronage Capital credits to be retired shall be applied by way of set-off to such sums.

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Signature of Applicant