



East Mississippi Electric Power Association

HEADQUARTERS
2128 Highway 39 North • P.O. Box 5517 • Meridian, MS • 39302-5517
601.483.7361 • Fax 601.693.0464

TO: EAST MISSISSIPPI ELECTRIC POWER ASSOCIATION

AGREEMENT AND INDEMNITY

Please change the name and customer responsible for customer account number _____ from _____ to _____ the undersigned customer.

I agree in advance, in consideration of this change in customer, to pay in full all power bills incurred and due as of this date by the former customer and hereby agree to indemnify, save and hold harmless East Mississippi Electric Power Association from and against any and all liabilities, suits, costs and expenses that may be incurred by East Mississippi Electric Power Association in connection with, or that may result from, this change in name of customer for this account.

I will also pay promptly, when due, all power bills incurred by me from and after the date of this agreement.

Witness my signature this _____ day of _____, 200__.

WITNESS: _____

Person Giving Membership & Deposit

Customer Receiving Membership & Deposit

New Customer Social Security No.

Print Name Bill To Be In

Phone Number

Billing Address

Revised 6-08-04

Quitman District
P.O. Box 630
Quitman, MS 39355
601.776.6271

DeKalb District
P.O. Box 327
DeKalb, MS 39328
601.743.2641

Louisville District
P.O. Box 429
Louisville, MS 39339
662.773.5741