

VARIABLE BUDGET BILLING APPLICATION FORM

() I am interested in the Variable Budget Billing Plan. Please calculate what my monthly payment would be if I enrolled. I understand there's no obligation.

NAME (Please print name as shown on electric bill)

ADDRESS WHERE NOLIN SERVICE IS PROVIDED

CITY OR TOWN

ZIP CODE

HOME PHONE

BUSINESS PHONE

NOLIN ACCOUNT NUMBER

Please return this application to:

NOLIN RURAL ELECTRIC COOPERTIVE
411 RING ROAD
ELIZABETHTOWN, KY 42701-8701