



Beltrami Electric Cooperative Northern Solar Pay As You Go

Member Name:			
Service Address:			
City:	State:	Zip Code:	
Account #:			
# of kWh/month y	you would like to p	urchase from Northern	Solar
I understand that I will be bi			
my regular energy electric bill to ensu solar energy.	ure my electric usage i	s from locally-produced, re	newabie
I understand that I may cand	cel this agreement at a	any time by notifying Mem	ber
Services at Beltrami Electric Coopera	tive at 444-2540 or 80	0-955-6083.	
Member Signature:		Date:	

"This institution is an equal opportunity provider and employer."