

Main Office (406) 883-7900  
or (406) 675-7900  
Office Fax (406) 883-7919  
Warehouse Fax (406) 883-7923  
Hot Springs Svc. Ctr. (406) 741-3402



**MISSION VALLEY POWER**

Post Office Box 97 \* 36079 Pablo West Road \* Pablo, MT 59855-0097



### Co-Signer's Agreement

Co-Signer's Name: \_\_\_\_\_ **required**

Co-Signer's account number \_\_\_\_\_ **required**

Co-Signer's Social Security No. \_\_\_\_\_ **required**

Co-Signer's Phone # \_\_\_\_\_ **required**

I agree to co-sign for the electrical account in the name of:

New Customer's Name: \_\_\_\_\_ **required**

New Customer's Account #: \_\_\_\_\_

Location #: \_\_\_\_\_

I understand that I will be held responsible for any unpaid bills on this account.\*

\_\_\_\_\_  
Co-Signer's Signature

**required**

\_\_\_\_\_  
Date

\*When form is not signed in person, CSR must call and explain the responsibilities to the co-signer. This is verification that the person whose signature appears is indeed the person agreeing to this commitment.

Follow -Up by \_\_\_\_\_

CSR

Date \_\_\_\_\_