



POWERING THE LIVES OF CO-OP MEMBERS FOR OVER 75 YEARS

Your Touchstone Energy® Cooperative 

Co-op Connections Application

Business Name: _____

Contact Name & Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Website: _____

Offer or discount description (Max. of 100 characters): _____

Any exclusions? (Max. of 100 characters): _____

Offer Expiration Date (if any): _____

By signing this agreement, I agree to be a participating Corn Belt Energy Co-op Connections business and I will give discounts to all Co-op Connections cardholders. I have chosen the discount/offer listed above and agree to offer it until the specified expiration date or unless Corn Belt Energy terminates this agreement. It is my responsibility to contact Corn Belt Energy if I wish to alter my offer.

Signature: _____ Date: _____

After completing this form, please send to:

Hillary Cherry, Director of Communications
hillary.cherry@cornbeltenergy.com | 309-663-4516 fax