



SURGE-GUARD® LEASE FORM

**A Ground Resistance Check will be done prior to installation of equipment.

NAME: _____ (MEMBER)

ADDRESS: _____
 _____ (CITY) _____ (ZIP)

PHONE # _____ (DAY) _____ (EVENING)

OFFICE USE	
DATE:	_____
ACCOUNT	_____
MAP	_____
APPLICATION TAKEN BY	_____ (EMPLOYEE)

A. Whole House Surge Protector Lease \$5.95/month for 36-Month Contract, + 8% SC State Tax = Lease Per Month \$6.43
 3-phase \$11.95 + tax

B. A \$20.00 non-refundable inspection fee will apply to all initial applicants.....\$ **20.00**
 A \$40.00 non-refundable inspection fee will apply for each additional visit \$40.00 x _____ = \$ _____
 Install additional ground rod with wire and clamp..... \$75.00 x _____ = \$ _____

Second Stage Electronics Protectors

C. Pro Treater A/C Junior \$14.00 x _____ = \$ _____
 Pro Treater Coax Junior \$24.50 x _____ = \$ _____
 Pro Treater Faxcessory \$24.50 x _____ = \$ _____
 Pro Treater A/C 3 \$17.00 x _____ = \$ _____
 Multi Treater 7 Plus Base \$39.50 x _____ = \$ _____
 Coax Module for Treater 7 Plus \$24.50 x _____ = \$ _____
 Telephone Module for Treater 7 Plus \$24.50 x _____ = \$ _____
 Tripp-Lite Home & Business Theater Surge Protector \$29.25 x _____ = \$ _____
 Tripp-Lite Internet & Computer Surge Protector \$54.00 x _____ = \$ _____
 Tripp-Lite Satellite Surge Protector \$49.50 x _____ = \$ _____
 8% South Carolina State Sales Tax..... \$ _____

Total Amount for "Section C" **TOTAL = \$**

Total For Section A, B, C **TOTAL = \$** _____

I agree to have the total cost of the above Second Stage Indoor Surge Equipment, inspection fee and the monthly lease billed to:

1. My Electric Account _____ 2. My VISA or MASTERCARD _____

Please choose and sign beside appropriate billing method above

BERKELEY ELECTRIC COOPERATIVE SURGE PROTECTION AGREEMENT

- BEC shall install said outdoor EQUIPMENT within a reasonable amount of time after this contract is returned by the MEMBER. In the event this contract is not accepted by BEC, the MEMBER will be notified as to cause and can reapply, provided acceptance can then be extended.
- BEC makes no warranties of any kind to the CUSTOMER with regard to the equipment sold.
- The MEMBER understands that the surge protection device:
 - Is covered solely by the Meter Treater Equipment Warranty, and that BEC makes no warranty including fitness for particular purpose. **Call the manufacture direct for warranty claims at 1-800-638-3788.**
 - Contains no user serviceable parts and requires no maintenance or resetting.
 - Outdoor equipment is an integral part of the electric meter, and agrees that it can be removed only by a qualified BEC employee.
 - Will not protect against direct or indirect high-energy lightning strikes beyond the manufacturer's rated energy absorption level, and agrees that BEC is not responsible for any damage from weather or lightning related incidents to any property owned by MEMBER.
 - Will not provide adequate protection to highly sensitive electronic equipment. Second stage indoor devices recommended.* Only electromechanical appliances which have whole house protection by Meter Treater will be covered by the warranty. **Call direct for claims to 1-800-638-3788.**
 - Is strictly a power line surge suppressor, and as such will not protect the structure, telephone line, cable television line, antennae, or people against lightning strikes of any kind. Second stage indoor devices recommended. Indoor devices will not protect against lightning strike.

IMPORTANT: Only surge protection equipment purchased through Berkeley Electric Cooperative will be covered by the Meter Treater warranty. All external and internal surge protection units must be manufactured by Meter Treater in order for liability claims to be valid. Only equipment plugged into the surge protection unit(s) will be covered by the Meter Treater warranty. THIS IS NOT LIGHTNING PROTECTION.

EARLY LEASE TERMINATION WILL RESULT IN A PENALTY OF REMAINING LEASE MONTHS DOLLAR AMOUNT.

OFFICE USE

DATA PROCESSION: BILLING WILL BEGIN **AFTER** DEVICE HAS BEEN INSTALLED. CORRESPONDING WITH THE CONSUMERS ELECTRIC BILL FOR THE MONTH. BILLING DATE OF ACCOUNT _____

INSTALLATION Acct # 912.00 Project 671

INSTALLER: _____ DATE GIVEN: _____ INSTALLATION DATE: _____

DEVICE TYPE: _____ REV #: _____ SERIAL #: _____

METER BASE AMPS: _____ # OF PHASES: _____ GROUND RESISTANCE: _____

INSTALLERS SIGNATURE: _____