

NON-RESIDENTIAL CUSTOMER ENROLLMENT FORM

Please type or print clearly

Energy ESCO Name _____

Retail Customer Information:

Customer Name (Account Name) _____

Service Address Street _____

City _____ State NY Zip Code _____

Mailing Address _____

(Complete if different from Service Address)

Contact Person _____ Title _____

Telephone: Daytime _____ Evenings _____ Fax _____

Pager number: _____

Is there any person at the service address who qualifies for protections afforded a Life Support or Special Needs Customer? [] YES [] NO (If yes, attach a completed Life Support and Special Needs Customer Status Form) (Not required for hospitals, nursing homes, hospices, etc.)

Type of Service Elected by Energy ESCO: [] Distribution Services Only [] Full Requirements

Type of Enrollment:

NEW SERVICE POINT(S) []

EXISTING SERVICE POINT(S) []

Prior service address _____

Current electric service provider (RG&E or other Energy ESCO) _____

Is a change or upgrade to the physical service requested? [] Yes [] No [] NA

If this is a new service point or requires a physical service change or upgrade, indicate Energy ESCO contact:

Energy ESCO Contact Person _____

Phone number _____ Fax number _____ Pager number _____

Transfer will be effective upon obtaining a meter read for each transferring account.

- [] on regular meter read date
[] Customer-supplied read (kWh meters only) to be made on _____ (date) (subject to RG&E approval)
[] special turn-on read scheduled by RG&E as soon as possible or on _____ (date)

Meter access arrangements/contact person _____

