

**Chamber of Commerce**  
**Cooperative Energy Purchasing Program**

**AUTHORIZATION TO OBTAIN BILLING, PAYMENT HISTORY,  
ACCOUNT SERVICE DATA, AND CREDIT DATA**

**Electricity and Natural Gas Supply Services**

<b>Step One: Fill Out the Application Form/Authorization</b>
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**“Customer” Location:**

Legal “Customer” Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Authorized “Customer” Representative (the person signing the supplier contract):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell phone or alternate contact number (day of bid): \_\_\_\_\_

**Alternate “Customer” Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell phone or alternate contact number (day of bid): \_\_\_\_\_

**Credit References:** Bank Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Has the "Customer" filed for bankruptcy within the last five years? \_\_\_ Yes \_\_\_ No  
AUTHORIZATION:

Customer's Dun & Bradstreet Number: \_\_\_\_\_

**Members May Also Be Required To Submit Further Financial Information That May Include Balance Sheets Or Other Financial Information.**

The "Customer" hereby authorizes the local Energy Distribution Company (EDC) to permit the authorized "Licensed Electricity and/or Natural Gas Service Supplier" to directly receive "Customers" most recent twenty-four (24) months electric/natural gas account data and twelve (12) months of payment history for the Account Numbers with meters located at the address shown on ATTACHMENT A. The electric/natural gas billing information may include information on service configuration and descriptions of previous energy use. The authorized "Licensed Electricity and/or Natural Gas Service Supplier" has the right to use the information provided and to retain the information in its files, and disclose it to any authorized employee, agent, or representative. The authorized "Licensed Electricity and/or Natural Gas Service Supplier" hereby agrees not to sell or otherwise disclose said information to any third party not authorized in writing by "Customer", for the purposes of such third party marketing to, or soliciting business from "Customer".

"Customer" hereby authorizes "Licensed Electricity and/or Natural Gas Service Supplier" to process this Authorization for credit review and approval. All information provided will be held in strict confidence and used only by "Licensed Electricity and/or Natural Gas Service Supplier" or its affiliates, in making its credit evaluation.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE SIGNATOR IS AN AUTHORIZED REPRESENTATIVE OF THE "CUSTOMER" AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND ACCURATELY REFLECTS THE "CUSTOMER'S" CURRENT BUSINESS CONDITION.

**On behalf of "Customer":**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
"Customer" Authorized Representative

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Data in this box is to be filled in by the Suppliers

THE UNDERSIGNED HEREBY CERTIFIES THAT THE SIGNATOR IS AN AUTHORIZED REPRESENTATIVE OF THE "LICENSED ELECTRICITY AND/OR NATURAL GAS SERVICE SUPPLIER" AND AGREES TO THE CONDITIONS OF THIS AUTHORIZATION.

**On behalf of the "Licensed Electricity and/or Natural Gas Service Supplier":**

Signed: \_\_\_\_\_  
"Licensed Electricity and/or Natural Gas Service Supplier"  
Representative or Agent

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

## ATTACHMENT – A

**Step Two: Compile a list of account at this location below**

### ELECTRICITY ACCOUNTS

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Are your accounts in a supply contract with a third party supplier?**

\_\_\_\_ Yes \_\_\_\_ No

**If Yes:** Who is the supplier? \_\_\_\_\_

What is the current contract termination METER READ DATE \_\_\_\_\_

Applicant **must** include a copy of the current signed contract with this Application

**Step Three: Submit One Copy of your current bill, all pages, for each account number shown above.**

**NATURAL GAS ACCOUNTS**

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Are your accounts in a supply contract with a third party supplier?**

\_\_\_\_ Yes \_\_\_\_ No

**If Yes:** Who is the supplier? \_\_\_\_\_

What is the current contract termination METER READ DATE \_\_\_\_\_

Applicant **must** include a copy of the current signed contract with this Application

**Step Three: Submit One Copy of your current bill, all pages, for each account number shown above.**

**APPLICATION FEES: Available to Current Members in Good Standing of the Chamber**

New Applicant:

Renewal Applicant:

Electricity \$150.00 per location

Electricity \$150.00 per location

Natural Gas \$150.00 per location

Natural Gas New Applications Only

The application fee is per location, not per account number. Each location may have more than one account number. Members with more than one location must complete an Application Form for each location and pay the per location fee.

Issue Payment to: Greater Effingham Chamber of Commerce & Industry

**Step Four: Submit Application with Payment**

**Terms and Conditions**

*The Applicant/Customer understands that this application is for a new electricity and or natural gas supply services contract obtained through the Chamber Cooperative Purchasing Program and CQI Associates. Market prices and regulations impact the terms, time, and rates of the supplier offers and the contract offer prices will be based on current market conditions. The current “Standard Offer Rates” are used as the “price to compare” or “benchmark price” to determine if a supplier’s offer is economically viable.*

*A significant period of time could elapse from the date this Application is submitted and the time when market rates are at a point where a price offer will be recommended that is lower than the current or projected utility company “Standard Offer Rates”.*

*The Applicant/Customer understands and agrees that the suppliers will review credit and payment history data to determine if they will serve the designated accounts. The decision on credit and service is at the sole determination of the selected supplier. **The Applicant/Customer assures the Chambers Cooperative Purchasing Program, CQI Associates, and the selected supplier that they are not in a current supply services contract that would prohibit enrollment into the new contract offered.** The Applicant/Customer understands that they assume full responsibility for any fees or penalties incurred as a result of not being able to fulfill the new contract.*

***The Applicant/Customer agrees that they will make a decision on the day contracts are offered to accept or reject the offer.** The Applicant/Customer understands that the timeframe could be less than four hours to make the decision. The participation fee is non-refundable. The term cooperative is being used to express that the program is an aggregation purchasing program connecting applicant with a supplier in accordance with the regulations permitting customer choice.*

*Applicant/Customer applications will be subject to a full credit review and the selected supplier could elect not to offer a contract due to credit. Applicants may be requested to provide financial reports and other data to the supplier as part of the credit review process. Applicants who are not offered contracts due to credit conditions or are required to pay advanced deposits to the supplier will not be refunded the cooperative application fees.*

***Membership in the Chamber is required to participate in the cooperative and to submit an application. Continuous membership is required throughout the term of the resulting contract.** The Applicant/Customer has read and understands the conditions for participating in this Chamber Cooperative Purchasing Program.*

*Signature of the Applicant/Customer: \_\_\_\_\_*

*Title: \_\_\_\_\_ Date: \_\_\_\_\_*

*Amount Enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_*

**Mail Payments & Application Forms to:  
Greater Effingham Chamber of Commerce & Industry  
903 N. Keller Drive, PO Box 643, Effingham, IL 62401  
Fax: 217-342-4228**