

# NEW PARTICIPANT PACKET

## Did I Miss Anything Checklist – Chamber Energy Co-op

### Application Form

- Page 1 completed (including a cell phone number and application identified as either an electricity or gas or both application).
- Page 2 completed signed and dated.
- Page 3 completed and electricity account numbers compared to bill (if signing up for electricity co-op).
- Page 4 completed and natural gas account numbers compared to bill (if signing up for natural gas co-op).
- Page 5 signed and dated.

### Chamber Membership Waiver

- Completed     Signed     Dated

### Ameren Release of Utility Historical Information Form (for natural gas participants)

- Completed     Signed     Dated

### Electricity Bill

- All pages included (even pages without relevant information).

### Gas Bill

- All pages included (even pages without relevant information).

### Power of Attorney Form detached from application, completed and kept at our own company – NOT NEEDED BY THE CHAMBER.

### Check made payable to the Champaign County Chamber of Commerce.

### Make TWO copies of all documents (except this checklist and the Limited POA form) (one for the consultant/one for Chamber).

### All documents (except this checklist and the Limited POA form) and the application fee(s) returned to the Chamber by noon on Friday, March 26, 2010 - but fully recognize that they can be returned earlier than that week.

**NEW PARTICIPANTS IN ENERGY CO-OP**  
**Champaign County 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 (Circle One or Both)**

**Step One: Fill Out the Application Form/Authorization Form – You will  
be required to submit TWO copies of everything.**

**“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: \_\_\_\_\_

<p><u>Data in this box is to be filled in by the Suppliers</u></p> <p>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.</p> <p><b>On behalf of the "Licensed Electricity and/or Natural Gas Service Supplier":</b></p> <p>Signed: _____ "Licensed Electricity and/or Natural Gas Service Supplier" Representative or Agent</p> <p>Company Name: _____</p> <p>Name: _____ Title: _____</p> <p>Date: _____</p>
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**ATTACHMENT – A**

**Step Two: Compile a list of accounts 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 TWO copies 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 TWO copies 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 \$300 per location

Electricity \$150 per location

Natural Gas \$200 per location

Natural Gas \$200 per location (same as new)

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.

**Step Four: Submit Application in duplicate (TWO copies of everything) with Payment payable to: Champaign County Chamber of Commerce.**

**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: \_\_\_\_\_

**Deliver or Mail Payments & Application Forms to:  
Champaign County Chamber of Commerce  
1817 S. Neil St., Ste. 201  
Champaign, IL 61820-7269**

**Application Deadline: March 26, 2010**



CHAMPAIGN COUNTY  
**CHAMBER**  
OF COMMERCE<sup>SM</sup>

Our company understands that we will be entering into an agreement for electricity and/or gas with a supplier through a cooperative that will be coordinated on behalf of the membership by the Champaign County Chamber of Commerce. We recognize that our company's contract will be independent of the Chamber and that there could be some potential risk involved. As such, our company agrees to indemnify the Chamber from any and all liability, loss or damages that may be suffered by our company as a result of participation in the cooperative.

Our company agrees that we will maintain continuous membership in the Champaign County Chamber of Commerce for the duration of the co-op contract with the supplier in order to participate in this cooperative initiative. We understand that failure to maintain Chamber membership can and will jeopardize our participation in the renewal of future co-ops. We also agree to continue in the co-op through bid day.

Our company understands that the Champaign County Chamber of Commerce will keep \$50.00 for every application paid in order to help offset expenses associated with disseminating information and coordinating efforts of this initiative.

We understand that this waiver must be signed and returned prior to joining the electricity and/or gas cooperatives. Failure to sign this waiver will prevent our company from participating in these cooperatives.

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Name (Signature)

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Name (Please Print)

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Title

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Company Name

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Date

NATURAL GAS PARTICIPANTS MUST COMPLETE THIS FORM – The regulatory and enrollment process requires that each member complete and sign this usage request form from Ameren to validate natural gas service requirements. Please be sure to write legibly and list all Ameren service addresses and account numbers that you would like to include in this program. Completion of this form does not commit you to a contract. Return this form to the Chamber along with the Application Form.



## **Ameren** Release of Utility Historical Information

This release authorizes Ameren Services to provide the historical data with regard to units of gas used for gas service for the following customer:

\* \_\_\_\_\_ \*

Company/Customer Name Date of Request

\* \_\_\_\_\_ \*

Printed Name of Contact Person Signature of Contact Person

\* \_\_\_\_\_ \*

Phone No. of Contact Person Fax No. of Contact Person E-mail Address of Contact Person

Service Address	City, State	Account Number
* _____ *	* _____ *	* _____ *
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check this box if a copy of this historical data report should be sent to the listed company/customer in addition to the marketer below.

Marketing Company: NANIA ENERGY

Address: 1730 PARK STREET, SUITE 202  
NAPERVILLE, IL 60563

Contact Person: EILEEN NEHLS

Phone Number: 630-416-8300 x307

Fax Number: 630-396-5200

E-mail Address: ENEHLS@NANIAENERGY.COM

