

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



## Customer Information Form

Full Name on Account	
Service Address	
Billing Address	
Primary Contact Phone Number	
Primary Contact Email Address	
Secondary Contact Name (if desired)	
Secondary Contact Phone Number and Email Address	
Utility Company	
Service(s) to Upgrade	<input type="checkbox"/> Electric Service <input type="checkbox"/> Natural Gas Service
Electric Account Number	
Electric Account POD-ID (if shown on the bill)	
Choose Electric Service	<input type="checkbox"/> standard / guaranteed savings <input type="checkbox"/> 100% Green-e Certified renewable <input type="checkbox"/> month-to-month variable <input type="checkbox"/> 12-month plan (if available)
Gas Account Number	
Gas Account POD-ID (if shown on the bill)	
Choose Gas Service	<input type="checkbox"/> month-to-month variable <input type="checkbox"/> 12-month plan (if available)
Notes:	