



Electricity Service Supplier Application

Section 1: Electricity Service Supplier Contacts and Information:

Name of Energy Service Supplier (ESS): _____

DBA: _____

Office Address: _____

City: _____ State: _____ Zipcode: _____

Mailing Address: (If different than above) _____

City: _____ State: _____ Zipcode: _____

E-mail address: _____ Website URL: _____

Primary Contact Name: _____ Alternate Contact Name: _____

Primary Contact Title: _____ Alternate Contact Title: _____

Primary Contact Phone Number:	-	-	Ext.
Primary Contact FAX Number:	-	-	Ext.
Primary Contact Cell Phone Number:	-	-	Ext.
Alternate Primary Contact Phone Number:	-	-	Ext.
Retail Customer Service Toll-Free Number:	-	-	Ext.

OPUC Certification #: _____

Contacts:

ESS Billing:

Name: _____

Phone Number:	-	-	Ext.
Fax Number:	-	-	Ext.

Enrollment:

Name: _____

Phone Number:	-	-	Ext.
Fax Number:	-	-	Ext.

Customer Service:

Name: _____

Phone Number:	-	-	Ext.
Fax Number:	-	-	Ext.

Section 2: Energy Scheduling Information and Transmission Application for Network Service:

Are you a scheduling ESS? YES NO

Complete parts A and B below:



Electricity Service Supplier Application

Part A Energy Scheduling Information:

Scheduling ESS Business Name: _____

Scheduling ESS Contact Name: _____

Scheduling ESS Contact Phone Number: - - Ext. _____

Scheduling ESS Address: _____

City: _____ State: _____ Zip code: _____

Scheduling ESS OPUC Cert. #: _____

Scheduling ESS NERC ID #: _____

Scheduling ESS Duns # + 4: _____ + _____

Part B Transmission Application for Network Service:

Please click on the following link, then click on the ESS folder and follow the instructions to complete the transmission application forms: <http://www.oatioasis.com/pge/index.html>

Section 3: Billing Options

Please check the billing option(s) that you plan to offer to the customer:

- ESS Consolidated Bill
- Split Bill
PGE/ESS

Section 4: Credit Information

Legal Business Name: _____

Parent Company Name: _____

State/Province of Incorporation: _____

State TAX ID#: _____

Federal TAX ID#: _____

Bank Reference:

Bank Name: _____

Bank Contact Name: _____

Bank Phone Number: - - Ext. _____



Electricity Service Supplier Application

Credit and Finance Contacts:

Credit:

Last Name: _____ First Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-Mail Address: _____

Phone Number: - - Ext. _____

Fax Number: - - Ext. _____

Finance:

Last Name: _____ First Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-Mail Address: _____

Phone Number: - - Ext. _____

Fax Number: - - Ext. _____

Please provide the following financial information for you and your parent company:

- a. Most recent audited annual report (form 10-K) and audited annual reports for the preceding three years:
- b. Most recent quarterly report (form 10-Q) and quarterly report for the same preceding period or:
 - 1.) If SEC Form 10-K is unavailable, please substitute audited annual financial information (including a balance sheet, income statement, and cash flow statement); and,
- c. If financial information not provided pursuant to sections a or b above, please submit the most recent monthly financial information (including a balance sheet, income statement, and cash flow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct, and a fair representation of Applicant's financial condition.
- d. Bank Reference (see below)
- e. Senior Unsecured Long-Term Bond Rating: Moody's _____ S&P _____
- f. Parent Senior Unsecured Long-Term Bond Rating: Moody's _____ S&P _____

Representations:

	Applicant:		Parent:	
Is the applicant and/or their parent:	Yes	No	Yes	No
a. Operating under federal bankruptcy laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subject to pending litigation or regulatory proceedings in state Or federal courts which could cause a substantial deterioration of Applicant's and/or Parent's financial condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Subject to collection lawsuits or outstanding judgements which Could impact solvency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Electricity Service Supplier Application

Certification, Authorization, and Signature:

PGE reserves the right to deny an Applicant failing to demonstrate creditworthiness.
PGE will treat all financial statements provided by Applicant in a confidential manner.
Applicant will notify PGE, Credit Department, if any financial or credit application information changes.

Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Electricity Service Supplier.

Applicant hereby authorizes PGE to obtain or exchange any information that may be required relative to this application from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant (*i.e.* Company): _____

Signature of Authorized Representative: _____

Name (Please Print): _____

Address: _____

Full Title: _____ Phone Number: _____

Date: _____

Send the completed application form, along with the financial information requested in Section 4 and a \$400.00 application fee to:

**Mail or Fax to: Portland General Electric/Direct Access Operations Department
121 SW Salmon Street, Mail stop: 1WTC0507
Portland, OR 97204
Fax: (503)-464-7019
Phone: (503) 464-7632 or Toll Free: 1-866-377-0411**

For PGE internal office use only:
ESS ID# _____