

**Step One: Fill Out the Application and Authorization Form**

**Application Form**

The location listed below is a  NEW  RENEWING participant in the electricity co-op.

Customer Location:

Customer Name (Legal Entity Name): \_\_\_\_\_

D/B/A (if applicable): \_\_\_\_\_

Name as it appears on current bill: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if Billing Address is same as Service Address

Authorized Customer Representative (the person signing the supplier contract):

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

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

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

Alternate Customer Representative:

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

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

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

Current Contract Information:

Is your account currently under contract with another supplier besides Ameren:

**Electric:**  Yes  No  N/A      **Natural Gas:**  Yes  No  N/A

If yes, who is your current supplier:

Electric: \_\_\_\_\_ Natural Gas: \_\_\_\_\_

When is your current contract's expiration date:

Electric: \_\_\_\_\_ Natural Gas: \_\_\_\_\_

\*Please provide your current contract expiration date above to avoid any early termination fees from your current supplier.

To Whom It May Concern:

Please be advised that \_\_\_\_\_ (“Customer”) hereby appoints Good Energy, L.P., serving as affiliate for the Champaign County Chamber of Commerce, as its exclusive agent with authority to act on Customer’s behalf in regards to the following functions including, but not limited to:

- Secure information for commodity pricing, tariff and/or tariff rate contracts, rate comparisons, notices of tariff changes, billing/cost information, load data, interval load data, and credit information.
- Deal with Certified Retail Energy Providers, Utilities and others in issues relating to agreements, assignments and other related issues.

Information is to be provided as requested by Good Energy, L.P. via written or electronic format to the following address:

Good Energy, L.P.  
232 Madison Avenue, Third Floor  
New York, NY 10016  
Phone: 212-792-0222 Fax: 866-275-3083  
Email: [pricing@goodenergy.com](mailto:pricing@goodenergy.com)

**This letter of authorization does NOT extend the right to Good Energy, L.P. or the Champaign County Chamber of Commerce to sign or execute any contract for Customer without the express written consent of Customer.**

Customer would like Good Energy, L.P., serving as affiliate for the Champaign County Chamber of Commerce, to obtain bids exclusively on Customer’s behalf from all Certified Retail Energy Suppliers providing electricity and natural gas in the State of Illinois.

Customer hereby authorizes Good Energy to act as Customer’s agent for the sole purpose of granting like authorization to third party electric and natural gas suppliers to receive data directly from the local distribution utility company.

This agency authorization shall be effective from the date written below and shall remain in full force and effect until terminated by Customer or Good Energy, L.P. upon thirty (30) days prior written notice. Notice information for said parties is set forth below:

Business Name on Account: \_\_\_\_\_

Legal Business Name (if different): \_\_\_\_\_

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

Current Certified Retail Electric Provider & Contract Expiration Date if applicable: \_\_\_\_\_

Customer Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Tax ID (optional): \_\_\_\_\_ Fax: \_\_\_\_\_

The above information should be provided to Good Energy, L.P. for the following accounts:

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authorization is effective as of the date of the signature below and remains an open authorization until rescinded.

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

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



## **Champaign County Chamber of Commerce – Energy Cooperative Waiver**

Our company understands that we will be entering into an agreement for electricity and/or natural gas with a supplier selected 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 at special Chamber pricing rates. We understand that failure to maintain Chamber membership can and will jeopardize our participation in the renewal of future co-ops.

We understand that this waiver must be signed and returned prior to joining the electricity cooperative at special pricing rates. Failure to sign this waiver will prevent our company from participating in this cooperative at special Chamber pricing Rates.

The Applicant/Customer has read and understands the conditions for participating in this Chamber Cooperative Purchasing Program.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

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

## Natural Gas Account(s)

**Step Two (cont.):**

**Please enter the following information for all accounts you would like to include:**

Account Name: \_\_\_\_\_

	<b>Ameren Acct Number</b>	<b>Service Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Step Three (cont.): Submit two (2) copies of current gas bills, all pages, for each account number shown above.**

# Electricity Account(s)

**Step Two: Please enter the following information for all accounts you would like to include:**

Account Name: \_\_\_\_\_

	<b>Ameren Acct Number</b>	<b>Service Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Step Three: Submit two (2) copies of current gas bills, all pages, for each account number shown above.**

**Step Four: Submit completed and signed application packet and all electric and/or natural gas bills to Good Energy.**

**Via email: [jerod@goodenergy.com](mailto:jerod@goodenergy.com)  
Via Phone: 309.369.6352**