



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



**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.

## **Authorization Form**

The Customer hereby authorizes the local Energy Distribution Company (EDC) to permit supplier to directly receive Customer's most recent twenty four (24) months electric or natural gas account data and twelve (12) months of payment history for the Account Numbers with meters located at the address shown in Step Two. This billing information may include information on service configuration and descriptions of previous energy use. Supplier has the right to use the information provided and to retain the information in their files, and disclose it to any authorized employee, agent, or representative. 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.

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.

### **Terms and Conditions**

The Applicant/Customer understands that this application is for a new electric and/or natural gas services contract obtained through the Chamber Cooperative Purchasing Program and Gulf Plains Energy. 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 decision on service is at the sole determination of the Supplier. The Applicant/Customer assures the Chamber's Cooperative Purchasing Program and Gulf Plains Energy 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.

### **On behalf of Customer:**

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

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

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

# 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.**

## 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.**

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

**Via email: [ginnym@gulfplainsenergy.com](mailto:ginnym@gulfplainsenergy.com)**

**Via fax: 1-888-681-6561**