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 www.energy-solutions-usa.com

Energy Analysis Request Form:

To obtain your **ENERGY ANALYSIS**, simply fill in the information below. We work with many suppliers, offering competitive gas and electricity supply agreements that will meet your business needs. (*required)

Please include copies of your electric and gas bills for the past 3-6 months. (All pages, please).

* Contact Person: _____ Title: _____

* Corporation/Business Name: _____ * Tax Exempt Status: _____

* Facility/dba Name: _____

* Billing Address: _____

* City: _____ * State: _____ * Zip: _____ County: _____

* E-Mail Address: _____ * Business Description: _____

* Company Phone: () _____ Fax: () _____

Local Utility-Electric: _____ Local Utility-Gas: _____

Existing Supplier Name (if applicable): Electric: _____ Gas: _____

* Current Contract: Start Date-Electric: __/__/__ Gas: __/__/__ End Date-Electric: __/__/__ Gas: __/__/__

* Electric-Price _____ Term _____ * Gas-Price _____ Term _____

* Program of Interest: Variable Fixed Pooled Green

* **Account Number (POD # for NYSEG or RGE)**

* **(Circle Energy Type)**

- | | | |
|----------|-----|----------|
| 1. _____ | Gas | Electric |
| 2. _____ | Gas | Electric |
| 3. _____ | Gas | Electric |
| 4. _____ | Gas | Electric |
| 5. _____ | Gas | Electric |
| 6. _____ | Gas | Electric |

Please release the two-year historical consumption information for the preceding gas and electric sales account number(s). By my signing, I also agree to a credit review and understand **this is not a contract.**

* Signature: _____ Date: _____

(Please return by fax to (866)-829-9700 or e-mail to info@energy-solutions-usa.com)

ESUI Energy Manager Initials: _____ You will be notified in 5-10 days

“Know your energy options”