



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

### **Application Form**

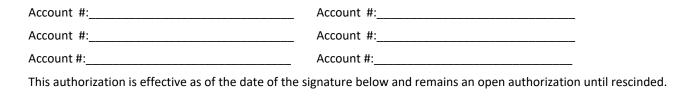
The location listed below is a Customer Location:	□ NEW □ RENEWING particip	pant in the electricity co-op.
Customer Name (Legal Entity Na	ne):	
D/B/A (if applicable):		
Name as it appears on current bi		
Billing Address:		
City:	State: Zip	o:
☐ Check here if Billing Addı	ess is same as Service Address	
Authorized Customer Representa	tive (the person signing the suppl	lier contract):
Name:	Title: _	
Phone Number:	Fax Numl	ber:
Email Address:		
Alternate Customer Representat	<u>ve:</u>	
Name:	Title: _	
Phone Number:	Fax Numl	ber:
Email Address:		
Current Contract Information:		
Is your account currently under c	ontract with another supplier besi	ides Ameren:
Electric: □ Yes □ No □ N/A	Natural Gas: □ Yes □ No □ N/A	1
If yes, who is your current supplied	r: Natural Gas:	
When is your current contract's		
Electric:	Natural Gas:	

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





A Smarter Way to Buy Energy	OF COMM
To Whom It May Concern:	
Please be advised thatserving as affiliate for the Champaign County Chamber of Comme Customer's behalf in regards to the following functions including.	
<ul> <li>Secure information for commodity pricing, tariff and/or changes, billing/cost information, load data, interval loa</li> </ul>	
<ul> <li>Deal with Certified Retail Energy Providers, Utilities and and other related issues.</li> </ul>	others in issues relating to agreements, assignments
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	
This letter of authorization does NOT extend the right to Good I Commerce to sign or execute any contract for Customer without	
Customer would like Good Energy, L.P., serving as affiliate for the bids <u>exclusively</u> on Customer's behalf from all Certified Retail Energy State of Illinois.	
Customer hereby authorizes Good Energy to act as Customer's ag third party electric and natural gas suppliers to receive data direct	
This agency authorization shall be effective from the date writter terminated by Customer or Good Energy, L.P. upon thirty (30) dais set forth below:	
Business Name on Account:	
Legal Business Name (if different):	
Billing Address:	
Current Certified Retail Electric Provider & Contract Expiration Da	ate if applicable:
Customer Contact Person:	



Phone:

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

Fax:\_\_\_\_\_



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

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

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



#### **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.

iigned:
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:

	Ameren Acct Number	Service Address	City	State	Zip
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, <u>all pages</u>, 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:				
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	Ameren Acct Number	Service Address	City	State	Zip
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, <u>all pages</u>, 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 Via Phone: 309.369.6352