[ ]  New Account [ ]  Account Transfer/Change of Name

|  |
| --- |
| Project Information |
| Project Name: | Date: |
| Project Location: |
| City: | State: | Zip Code: |
| Applicant Information |
| Name: |
| Doing Business As (DBA): |
| Street Address: | Mailing Address (if different): |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Affiliation to Project:  |
| Account Information |
| Mail Bill Attention To: | Address: |
| City: | State: | ZIP Code: | Phone: |
| Affiliation to Project: |
| If Account was Previously Under Another Name, please list here:  |
| Is there Proof of Dissolution for Previous Account Holder : [ ]  Yes [ ]  No If Yes, please attach: |
| Commercial Information |
| Is this Business A Sole Proprietorship? (If Yes, please include name): |
| Is this Business a Corporation: [ ]  Yes [ ]  No If Yes, Please indicate State of Incorporation:  |
| If No, Business Entity Type: |
| President/Member: | Signature: |
| Vice-President : | Signature: |
| Secretary:  | Signature: |
| [ ]  Articles of Incorporation/Entity Formation Docs.: (please attach): |
| Principal Place of Business: | Type of Business: |
| Federal Tax ID No. | [ ]  Letter of Authorization (please attach): |
| Print Name of Person Signing: |

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 Authorized Signature Date

|  |
| --- |
| For Internal Use Only |
| Business Partner No. | Contract Account No: | Received By: |
| Approved By: | Received by CA: | Keyed in Computer: |
| [ ]  OATT Interconnect | [ ]  Transmission Service | [ ]  PPA Requirement | [ ]  Project Payment Milestone |
| [ ]  OATT Study  | [ ]  Affected System Agreement | [ ]  Other, Please list:  | [ ]  Other, Please list:  |
| Entity Number: | Final Review By: |