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: | | |