

Commercial Enrollment Request

Texas Markets



Date _____

Referred by _____

(Consultant name and number, or broker ID, if applicable)

1. Transmission Distribution Utility

Oncor Centerpoint AEP-Central TNMP AEP-North

2. Customer Information

Company Name _____ DBA (if applicable) _____

Primary Contact _____ Primary Phone Number _____
(authorized representative) email _____

Title _____ Language Preference: English Spanish

Secondary Contact _____ Secondary Phone Number _____
(authorized representative) email _____

Title _____ Language Preference: English Spanish

Federal Tax ID Number _____ or Owner SSN _____

3. Billing Information

Billing Name _____ DBA (if applicable) _____

Billing Address _____ Unit/Suite _____

City _____ State _____ Zip _____

4. Tax Status

Non-exempt Exempt If claiming Exempt, you must provide a copy of your tax-exempt certificate. For forms and information: <http://www.window.state.tx.us/taxinfo/taxforms/93-forms.html>

5. Authorizations and Acknowledgments

- ▶ I authorize Ambit Energy to become my retail electric provider and to perform the tasks necessary to establish my electric service account. I also authorize Ambit to switch my service from a different retail electric provider, if applicable.
 - ▶ I certify that I am 18 years or older and legally authorized to select and switch retail electric providers for the service address(es) entered in this enrollment form. I am aware that any false or misleading information entered in this enrollment form may result in the refusal or delay of my service request by Ambit Energy.
 - ▶ I authorize Ambit Energy to conduct a credit check on the Federal Taxpayer ID or owner's Social Security number I have entered in this enrollment form and/or to obtain utility payment history related data to determine whether a deposit is required to begin service with Ambit Energy.
 - ▶ I understand that the pricing for the product(s) for which I am enrolling applies only to the price per kilowatt hour (kWh), and does not include recurring Transmission Distribution Utility (TDU) charges. Ambit Energy does not control TDU charges, which I understand will be passed through to me as individual line items on my bill at the TDU rate.
 - ▶ I am aware that to protect its customers from fraud, Ambit Energy requires all service requests to be verified by an independent third party. This verification involves a brief telephone call made to my primary phone number.
- _____
- Customer or Authorized Agent

Meter #1		Meter #1	
ESI ID	_____	Type of Request	<input type="checkbox"/> Switching retail electric providers (4-7 business days; no fee)
Service Address	_____		<input type="checkbox"/> Self-selected Switch (TDU fee applies; passed through at cost)
Suite/Unit Number	_____		<input type="checkbox"/> New service* (3-5 business days; one-time TDU move-in fee)
City	_____		<input type="checkbox"/> Expedited move-in (call for rates and requirements)
State	_____ Zip _____		<input type="checkbox"/> Renewal
		Plan Name	_____
		Pricing (cents per kWh)**	_____
			Requested Date _____
			Requested Date _____
			Requested Date _____
			Term (months)
			<input type="checkbox"/> 12 <input type="checkbox"/> 18
			<input type="checkbox"/> 24 <input type="checkbox"/> 36

Meter #2		Meter #2	
ESI ID	_____	Type of Request	<input type="checkbox"/> Switching retail electric providers (4-7 business days; no fee)
Service Address	_____		<input type="checkbox"/> Self-selected Switch (TDU fee applies; passed through at cost)
Suite/Unit Number	_____		<input type="checkbox"/> New service* (3-5 business days; one-time TDU move-in fee)
City	_____		<input type="checkbox"/> Expedited move-in (call for rates and requirements)
State	_____ Zip _____		<input type="checkbox"/> Renewal
		Plan Name	_____
		Pricing (cents per kWh)**	_____
			Requested Date _____
			Requested Date _____
			Requested Date _____
			Term (months)
			<input type="checkbox"/> 12 <input type="checkbox"/> 18
			<input type="checkbox"/> 24 <input type="checkbox"/> 36

Meter #3		Meter #3	
ESI ID	_____	Type of Request	<input type="checkbox"/> Switching retail electric providers (4-7 business days; no fee)
Service Address	_____		<input type="checkbox"/> Self-selected Switch (TDU fee applies; passed through at cost)
Suite/Unit Number	_____		<input type="checkbox"/> New service* (3-5 business days; one-time TDU move-in fee)
City	_____		<input type="checkbox"/> Expedited move-in (call for rates and requirements)
State	_____ Zip _____		<input type="checkbox"/> Renewal
		Plan Name	_____
		Pricing (cents per kWh)**	_____
			Requested Date _____
			Requested Date _____
			Requested Date _____
			Term (months)
			<input type="checkbox"/> 12 <input type="checkbox"/> 18
			<input type="checkbox"/> 24 <input type="checkbox"/> 36

Meter #4		Meter #4	
ESI ID	_____	Type of Request	<input type="checkbox"/> Switching retail electric providers (4-7 business days; no fee)
Service Address	_____		<input type="checkbox"/> Self-selected Switch (TDU fee applies; passed through at cost)
Suite/Unit Number	_____		<input type="checkbox"/> New service* (3-5 business days; one-time TDU move-in fee)
City	_____		<input type="checkbox"/> Expedited move-in (call for rates and requirements)
State	_____ Zip _____		<input type="checkbox"/> Renewal
		Plan Name	_____
		Pricing (cents per kWh)**	_____
			Requested Date _____
			Requested Date _____
			Requested Date _____
			Term (months)
			<input type="checkbox"/> 12 <input type="checkbox"/> 18
			<input type="checkbox"/> 24 <input type="checkbox"/> 36

Meter #5		Meter #5	
ESI ID	_____	Type of Request	<input type="checkbox"/> Switching retail electric providers (4-7 business days; no fee)
Service Address	_____		<input type="checkbox"/> Self-selected Switch (TDU fee applies; passed through at cost)
Suite/Unit Number	_____		<input type="checkbox"/> New service* (3-5 business days; one-time TDU move-in fee)
City	_____		<input type="checkbox"/> Expedited move-in (call for rates and requirements)
State	_____ Zip _____		<input type="checkbox"/> Renewal
		Plan Name	_____
		Pricing (cents per kWh)**	_____
			Requested Date _____
			Requested Date _____
			Requested Date _____
			Term (months)
			<input type="checkbox"/> 12 <input type="checkbox"/> 18
			<input type="checkbox"/> 24 <input type="checkbox"/> 36

Special Requirements

Is electric service at one or more of these locations crucial for the protection or maintenance of public safety, and/or will an interruption or suspension of electric service create a dangerous or life-threatening condition on the premise? (If "Yes", service locations may be billed separately) Yes No

Notes

* Ambit Energy will make every attempt to start service on your requested move-in date; however, start date is not guaranteed. Your TDU may charge a move-in fee, which will be passed through to you and will appear on your first Ambit Energy invoice. New service begins with your first meter read date with Ambit Energy unless otherwise specified above.

** Ambit Energy may also bill you for certain fees which include, but are not limited to meter read fees, disconnect, reconnect and other non-recurring fees assessed by your Transmission Distribution Utility (TDU).