



**Electricity Service Supplier Application**

**Section 1: Electricity Service Supplier Contacts and Information:**

Name of Energy Service Supplier (ESS): \_\_\_\_\_

DBA: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: (If different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website URL: \_\_\_\_\_

\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Alternate Contact Name: \_\_\_\_\_

\_\_\_\_\_

Primary Contact Title: \_\_\_\_\_ Alternate Contact Title: \_\_\_\_\_

\_\_\_\_\_

Primary Contact Phone Number:	-	-	Ext.
Primary Contact FAX Number:	-	-	Ext.
Primary Contact Cell Phone Number:	-	-	Ext.
Alternate Primary Contact Phone Number:	-	-	Ext.
Retail Customer Service Toll-Free Number:	-	-	Ext.

OPUC Certification #: \_\_\_\_\_

**Contacts:**

**ESS Billing:**

Name: \_\_\_\_\_

Phone Number: - - Ext.

Fax Number: - - Ext.

**Enrollment:**

Name: \_\_\_\_\_

Phone Number: - - Ext.

Fax Number: - - Ext.

**Customer Service:**

Name: \_\_\_\_\_

Phone Number: - - Ext.

Fax Number: - - Ext.

**Section 2: Energy Scheduling Information and Transmission Application for Network Service:**

Are you a scheduling ESS? YES  NO



**Electricity Service Supplier Application**

**Complete parts A and B below:**

**Part A Energy Scheduling Information:**

Scheduling ESS Business Name: \_\_\_\_\_

Scheduling ESS Contact Name: \_\_\_\_\_

Scheduling ESS Contact Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Scheduling ESS Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Scheduling ESS OPUC Cert. #: \_\_\_\_\_

Scheduling ESS NERC ID #: \_\_\_\_\_

Scheduling ESS Duns # + 4: \_\_\_\_\_ + \_\_\_\_\_

**Part B Transmission Application for Network Service:**

Please click on the following link, then click on the ESS folder and follow the instructions to complete the transmission application forms: <http://www.oatioasis.com/pge/index.html>

**Section 3: Billing Options**

**Please check the billing option(s) that you plan to offer to the customer:**

ESS Consolidated Bill

Split Bill  
PGE/ESS

**Section 4: Credit Information**

Legal Business Name: \_\_\_\_\_

Parent Company Name: \_\_\_\_\_

State/Province of Incorporation: \_\_\_\_\_

State TAX ID#: \_\_\_\_\_

Federal TAX ID#: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_



**Electricity Service Supplier Application**

**Credit and Finance Contacts:**

**Credit:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number:            -            -            Ext. \_\_\_\_\_

Fax Number:            -            -            Ext. \_\_\_\_\_

**Finance:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number:            -            -            Ext. \_\_\_\_\_

Fax Number:            -            -            Ext. \_\_\_\_\_

**Please provide the following financial information for you and your parent company:**

- a. Most recent audited annual report (form 10-K) and audited annual reports for the preceding three years:
- b. Most recent quarterly report (form 10-Q) and quarterly report for the same preceding period or:
  - 1.) If SEC Form 10-K is unavailable, please substitute audited annual financial information (including a balance sheet, income statement, and cash flow statement); and,
- c. If financial information not provided pursuant to sections a or b above, please submit the most recent monthly financial information (including a balance sheet, income statement, and cash flow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct, and a fair representation of Applicant's financial condition.
- d. Bank Reference (see below)
- e. Senior Unsecured Long-Term Bond Rating:            Moody's \_\_\_\_\_ S&P \_\_\_\_\_
- f. Parent Senior Unsecured Long-Term Bond Rating:            Moody's \_\_\_\_\_ S&P \_\_\_\_\_

**Representations:**

	<b>Applicant:</b>		<b>Parent:</b>	
	Yes	No	Yes	No
Is the applicant and/or their parent:				
a. Operating under federal bankruptcy laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Subject to pending litigation or regulatory proceedings in state or federal courts which could cause a substantial deterioration of Applicant's and/or Parent's financial condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Subject to collection lawsuits or outstanding judgements which could impact solvency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Electricity Service Supplier Application**

**Certification, Authorization, and Signature:**

PGE reserves the right to deny an Applicant failing to demonstrate creditworthiness.  
PGE will treat all financial statements provided by Applicant in a confidential manner.  
Applicant will notify PGE, Credit Department, if any financial or credit application information changes.

**Applicant certifies that the information herein is complete and accurate to the best of Applicant’s knowledge, information and belief, and that the individual signing below is an authorized representative of the Electricity Service Supplier.**

Applicant hereby authorizes PGE to obtain or exchange any information that may be required relative to this application from any source, including Applicant’s financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant (*i.e.* Company): \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Full Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Send the completed application form, along with the financial information requested in Section 4 and a \$400.00 application fee to:**

**Mail or Fax to: Portland General Electric/Direct Access Operations Department  
26 SW Salmon Street, Mail stop: 1WTC0702  
Portland, OR 97204  
Fax: (503)-464-7019  
Phone: (503) 464-7829 or Toll Free: 1-866-377-0411**

**For PGE internal office use only:**  
ESS ID# \_\_\_\_\_