



Energy Program Enrollment Form

NJMEP Field Representative	
Property Name	
Property Physical Address	
Legal Ownership Name	
General Partner's Name	
General Partner's Address	
State of Incorporation	
DUNS or TAX ID #	
Current Supplier	
Contract Expiration Date	
Property Contact Name	
Phone Number	
Fax Number	
E-mail Address	
Billing Contact Name	
Title	
Email Address	
Phone Number	
Fax Number	
Billing Address	
Emergency Contact Name	
Phone Number	
Utility Name	
Utility Accounts	
Square Footage	

Additional Information Required

1. LOA - Letter of Authorization
2. Provide 1 recent bill copy for each utility account
3. Provide copy of existing 3rd Party . Agreement

Forward Enrollment Form and Additional Information Required to: Attn: CES Operations

Fax: 856-427-7899

Email: wmcginley@concord-engineering.com



Letter of Authorization

Legal Company Name: _____

Billing Address: _____
Street City State Zip

Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Customer Authorization: I hereby authorize Concord Energy Services (CES) to obtain our Account Information as well as any Historical Usage or Billing Information from our current Utilities and Suppliers. CES shall maintain our account information in strict confidential status.

Authorization has been given to CES as our sole Energy Agent to act on our behalf for the purposes of reviewing our current energy consumption information and energy use patterns, as well as any services required to analyze electric/natural gas expense areas and submit written recommendations that will enable the Client realize savings in those areas. This authorization is in no way a binding contract or obligation to choose a recommendation by CES. In addition, we agree not to use any information as a product of the work conducted by CES as a tool to work with Energy Suppliers independently.

ELECTRIC UTILITY INFORMATION

Electric Utility: _____

Electric Third Party Supplier (if any): _____

Contract End Date: _____

NATURAL GAS UTILITY INFORMATION

Gas Utility: _____

Gas Third Party Supplier (if any): _____

Contract End Date: _____

ELECTRIC ACCOUNT NUMBERS:

NATURAL GAS ACCOUNT NUMBERS:

*The term of this agreement shall be effective on the date of signing forward for a period of six (6) months.

Authorized Signature

(please print) Name and Title

DATE