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Customer ID- For ACN Energy office use only

PENNSYLVANIA CUSTOMER ENROLLMENT FORM

1	Energy Selection	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Utility Name:															
2	Utility Account Number																		
3	Electric Meter ID Number																		
3	Gas Meter ID Number																		
4	Customer Name																		
		LAST										FIRST					M.I.		
5	Service Address:																		
	Street Number and Name																		
	Unit Number (if any)																		
	City																		
	State	P	A	Zip Code															
6	Billing Address: (If Different)																		
	Street Number and Name																		
	Unit Number (if any)																		
	City																		
	State			Zip Code															
7	Telephone Number- Home	Area Code			Number			-											
	Telephone Number- Business	Area Code			Number			-											
8	Social Security Number or Tax Payer ID (Commercial Customers)																		
	OR Date of Birth(mm-dd-yyyy)																		
9	Do you have life support equipment in operation at this service address?																		
	No <input type="checkbox"/> Yes <input type="checkbox"/>																		
10	Are you tax exempt? (Please check one)																		
	No <input type="checkbox"/> Yes <input type="checkbox"/> If exempt please attach a copy of the tax exempt certificate																		
11	Terms and Conditions of Service- Please refer to the "Terms and Conditions of Service" for complete details.																		
12	Signatures-																		
	Customer Signature										DATE								
	Print Customer's Name																		
	ACN Independent Representative Signature										DATE								
	Print ACN Independent Representative's Name																		
	REP RUID NUMBER																		
13	Attach a COMPLETE copy of the customer's recent utility bill to this form. Enrollment will NOT be completed without this:																		
	If you have questions please call or write ACN Energy at the following location.																		
	Address: ACN World Headquarters, P.O. Box 9000, Farmington Hills, MI 48333-9000 Telephone:1(877) 226-5392 (toll free)																		
	ACN Independent Representatives: Please direct all inquiries to REPRESENTATIVE SERVICES at (248) 699-4000.																		

I acknowledge that in signing this contract or agreement, I am voluntarily choosing to change the entity that supplies me with electric power and/or natural gas*. I have read and understand the ACN Energy Terms and Conditions of Service and have indicated my agreement to them by signing below.

*If enrolling for natural gas, supply will start flowing from ACN Energy on your first meter reading following July 1, 2002

Customer Signature

Date