



Customer ID- For ACN Energy office use only

## PENNSYLVANIA CUSTOMER ENROLLMENT FORM

2       Utility Account Number	1 Energy Selection Elec			tric		Gas			]		Utility Name:													-			
3       Gas Meter ID Number       IAST       Field       Field       IAST       Field       Field <td>2</td> <td>Utility Account Number</td> <td></td>	2	Utility Account Number																									
Customer Name     Lot     Strice Address:     P A     Zip Code     Strice Address:     Strice Address:     P A     Zip Code     Strice Address:     Strice Address:     Strice Address:     P A     Zip Code     Strice Address:     Strice Address:     Strice Address:     P A     Zip Code     Strice Address:     Strice Address:     P A     Zip Code     Strice Address:     Strice Address     Strice Address:     Strice Address:     Strice Address     Strice Addres     Strice Addres     Strice Addres     Strice Address     Strice Addres     Strice Addre     Strice Addres     Strice Addres	3	Electric Meter ID Number																									
Service Address:     Serv	3	Gas Meter ID Number																									
service Address::   Street Number and Name   Unit Number (if any)   City   State   P    Address: (If Different)   Street Number and Name   Unit Number (if any)   City   Street Number and Name   Unit Number (if any)   City   Street Number and Name   Unit Number (if any)   City   Street Number and Name   Unit Number (if any)   City   State   Zip Code   State   Zip Code   State   Zip Code   State   Zip Code   Veloptione Number-Home   Area Code   Number   Telephone Number-Business   Area Code   No   Ves   I State of Birth(mm-ddyyyy)   I are you tax exempt? (Please check one)   No   Ves   I acknowledge that in signing this contract or a greement, 1 am voluniarily strong the contract or a greement, 1 am voluniarily strong to contract or a greement, 1 am voluniarily strong to contract or a greement, 1 am voluniarily strong to contract or a greement to them by signing below.   Vest Number   Print Customer's Name   REP RUID NUMBER   Attach a COMPLETE copy of the customer's recent utility bill to this form. Enrollment will NOT be completed without this   If you have guestions please call or write ACK Energy at the following location.	4	Customer Name	LAST													FIRST											M.I.
Unit Number (if any)	5	Service Address:			1		1	1	1	1		1	1	1	1	1	1	1	1	1		-	1	1		1	1
City       P       A       Zip Code         Stree       P       A       Zip Code         Billing Address: (If Different)       Street Number and Name       Image: Control of Contrel Cont		Street Number and Name																									
State       P       A       Zip Code         9       Billing Address: (If Different)         Street Number and Name		Unit Number (if any)												1	1	I	T	I	T	1	_	1	-1	1		1	
Billing Address: (If Different)       Image: Content of the second		City																									
Street Number and Name		State	Р	Α						Zij	p Co	de															
Unit Number (if any)       Image: Control of Con	6	Billing Address: (If Different)	[		1	1	1	1	1	1	1	1	1	1	1		1	1	1	1		-		1	<u> </u>	1	
City       Zip Code       Zip Code         7       Telephone Number- Home       Area Code       Number         7       Telephone Number- Business       Area Code       Number         8       Social Security Number or Tax Payer ID (Commercial Customers)       Image: Commercial Customers)       Image: Commercial Customers)         9       Do you have life support equipment in operation at this service address?       No       Yes         9       Do you have life support equipment in operation at this service address?       No       Yes         9       Are you tax exempt? (Please check one; No       Yes       If exempt please attach a copy of the tax exempt certificatt         11       Terms and Conditions of Service- Please refer to the "Terms and Conditions of Service" for complete details.       Image: Customer's Name         12       Signatures-       DATE       Image: Customer's Name         Print Customer's Name       DATE       Image: Customer's Name       Image: Customer's Name         REP RUID NUMBER       DATE       Customer Signature       Date         Print ACN Independent Representative's Name       Customer Signature       Date         REP RUID NUMBER       DATE       Customer Signature       Date         13       Attach a <u>COMPLETE copy</u> of the customer's recent utility bill to this form. Enrollment will NOT be		Street Number and Name																									
State       Zip Code         7       Telephone Number- Home       Area Code         7       Telephone Number- Business       Area Code         8       Social Security Number or Tax Payer ID (Commercial Customers)       .         0R       Date of Birth(mm-dd-yyyy)       .         9       Do you have life support equipment in operation at this service address?       No         10       Are you tax exempt? (Please check one)       No         11       Terms and Conditions of Service-       Please refer to the "Terms and Conditions of Service" for complete details.         12       Signatures-       .       .         0       Are you tax exempt? (Please check one)       No       Yes         12       Signatures-       .       .         12       Signatures-       .       .       .         12       Signature       DATE       .       .       .         Print Customer's Name       .       .       .       .       .       .         ACN Independent Representative's Name       .       .       .       .       .       .       .       .         REP RUID NUMBER       .       .       .       .       .       .       .       .		Unit Number (if any)																									
7       Telephone Number- Home       Area Code       Number         7       Telephone Number- Business       Area Code       Number         8       Social Security Number or Tax Payer ID (Commercial Customers)       Image: Commercial Customers)       Image: Commercial Customers)         9       Do you have life support equipment in operation at this service address?       No       Yes         10       Are you tax exempt? (Please check one)       No       Yes       If exempt please attach a copy of the tax exempt certificatt         11       Terms and Conditions of Service-       No       Yes       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.         Print Customer's Name       DATE       "If enrolling for natural gas, supply will start flowing from ACN Energy on your first meter reading following July 1, 2002         Print ACN Independent Representative's Name       Customer Signature       Date         REP RUID NUMBER       Date       Customer's name       Date         13       Attach a COMPLETE copy of the customer's recent utility bill to this form. Enrollment will NOT be completed without thi:       If you have questions please call or write ACN Energy at the following location.		City																									
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Customer Signature       DATE         Customer Signature       DATE         Print Customer's Name       market and understand the ACN Energy Terms and Conditions of Service and have indicated my agreement to them by signing below.         ACN Independent Representative Signature       DATE         Print ACN Independent Representative's Name       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         Print ACN Independent Representative's Name       Customer Signature         REP RUID NUMBER       Date         13       Attach a COMPLETE copy of the customer's recent utility bill to this form. Enrollment will NOT be completed without thi:         If you have questions please call or write ACN Energy at the following location.	11	Terms and Conditions of Serv	vice-	Pleas	se ref	er to	the "	Terms	s and	Con	ditio	ns of	Servi	ce" fo	or cor	nplet	e det	ails.									
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Address: ACN World Headquarters, P.O. Box 9000, Farmington Hills, MI 48333-9000Telephone:1(877) 226-5392 (toll free)ACN Independent Representatives:Please direct all inquiries to REPRESENTATIVE SERVICES at (248) 699-4000.