

**THE NARRAGANSET ELECTRIC COMPANY
NON-REGULATED POWER PRODUCER INFORMATION**

Non-Regulated Power Producers (“Suppliers”) are required to complete the following billing application. Please indicate which of the following billing services you will be using:

COMPLETE BILLING _____ **or PASSTHRU BILLING** _____

A. General Information (all Suppliers)

1. Legal name of the Supplier _____
2. d.b.a. name, if applicable _____
3. Supplier Address _____
4. Type of Business Entity _____
5. Supplier Customer Service Phone Number _____
6. Supplier Tax Identification Number _____
7. Supplier Dun & Bradstreet Number _____
8. Name of the Supplier’s General Contact _____
9. Supplier’s General Contact Phone Number _____
10. Supplier’s General Contact Facsimile Number _____
11. Supplier’s General Contact E-mail Address _____
12. Name of Supplier’s Technical Contact _____
13. Supplier’s Technical Contact Phone Number _____
14. Supplier’s Technical Contact Facsimile Number _____
15. Supplier’s Technical Contact E-mail Address _____
16. Has Supplier registered with the Rhode Island Public Utilities
Commission? _____ Docket Number _____

B. Billing and Banking Information (for Suppliers choosing Complete Billing Service)

1. Name of Receiving Bank (to accept electronic transfer of customer payments) _____
2. Routing and Transit Number (ABA number) _____
3. Bank Account Number _____

C. Value Added Network (VAN)

1. Name of VAN Provider_____
2. ISA Qualifier_____
3. ISA ID_____
4. GS Identifier_____

D. Establishment of ISO Load Asset ID

1. Load Asset ID Number (if available)_____
2. Supplier Contact Name_____
3. Supplier Contact Phone Number_____
4. Supplier Contact Facsimile Number_____
5. Supplier Contact E-mail Address_____
6. Estimated Maximum Load (KW Demand)_____
7. Estimated Start Date (mo/day/year)_____

E. Supplier Load Allocation, if requested

1. Check to receive load estimation results _____ Yes _____ No
2. Supplier Contact Name_____
3. Supplier Contact Phone Number_____
4. Supplier Contact E-mail Address_____

F. Notices to Supplier shall go to:

Name: _____

Address: _____

Phone Number: _____

Facsimile Number: _____

Electronic Mail: _____

Authorized Signature: _____

Title: _____

Date: _____