

**Glacial Energy of Maryland, Inc.**  
**Delaware Customers**  
**Commercial/Industrial Electricity EFT Agreement**

Company Name \_\_\_\_\_  
 Tax ID# \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Desired Start Date \_\_\_\_\_  
 Number of Accounts \_\_\_\_\_  
 Local Utility Co \_\_\_\_\_  
 Check if Tax Exempt (Proof of Tax Exempt status must be provided)

Primary Contact Name \_\_\_\_\_  
 Phone(s) \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Secondary Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Key Terms:** \_\_\_\_\_ Term: Month-to-Month Glacial Representative: **Mark Knopf** \_\_\_\_\_  
 Estimated Annual kWh \_\_\_\_\_ Payment Type: EFT Glacial Energy – Contract ID. \_\_\_\_\_

I affirm that I am a duly authorized agent for Customer with legal authority to switch the electricity provider for Customer, and authorize the Customer's financial institution to permit Glacial Energy to Debit all monthly charges for Customer's electric service. Upon receipt of usage data from the LDC for the month in which power is being provided, Glacial Energy will make available to customer via email, fax, or regular mail a bill for monthly usage. I understand that payment terms will be net 10 days after receipt of invoice. Please provide all account numbers and service address information below.

**1** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**2** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**3** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**4** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**5** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**6** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**7** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**8** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**9** Account# \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**EFT Information and Authorization:**

<b>Customer Name:</b>
<b>Customer Address:</b>
<b>City, State, Zip:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Financial Institution:</b>
<b>Financial Account Number:</b>
<b>ABA/Routing Number:</b>

**To ensure accurate processing, please attach a VOIDED check.**

As a duly authorized check signer on the financial institution account identified herein, I authorize Glacial Energy to perform scheduled or periodic electronic funds transfer debits to the financial institution account identified herein for payments due or when applicable, apply electronic funds transfer credits to same.

If any such electronic debit(s) should be returned as Non-Sufficient Funds (NSF), Glacial Energy is hereby authorized to collect such NSF items(s) by subsequent electronic debit and to subsequently collect a fee equal to \$35.00, by electronic debit from the financial institution account identified herein. Glacial Energy may charge interest on any past due balance at the rate of 1.5% per month with said interest being calculated from the date of the default. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified herein. Customer will attach a blank voided check from the designated financial institution account. Customer will be billed upon receipt of usage data from the LDC for the month in which power is being provided and payment will be due 10 days from the receipt of invoice.

I understand and authorize all of the above as evidenced by my signature below.

_____
Customer Duly Authorized Signature
_____
Print Name & Title
Date: _____

_____
Glacial Energy of Maryland, Inc.
_____
Print Name & Title
Date: _____