

Glacial Energy of Maryland, Inc.

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: _____

Customer's electrical service under this Agreement begins on the date that Customer's Local Distribution Center switches Customer's electricity service to Glacial Energy and will continue on a month to month basis. 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 or fax, a bill for monthly usage. It may take up to sixty (60) days for LDC to switch Customer upon enrollment with Glacial or notice of cancellation. Glacial Energy may cancel this Agreement for non-payment at anytime. Customer is responsible for all Glacial Energy supply charges until Customer goes to another ESCO or the Utility. A final bill will be rendered within twenty (20) days after the final scheduled meter reading or, if access is unavailable, an estimate of consumption will be used in the final bill, which will be trued up subsequent to the final meter reading. Customer agrees to be charged an interest rate of 1.5% per month of the total past due amount or the maximum allowable by law, whichever is greater, until such time as payment is received by Glacial Energy.

I affirm that I am a duly authorized agent for Customer with legal authority to switch the electricity provider for Customer and understand the terms are NET 10 days.

 Customer Duly Authorized Signature

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 _____

EFT Information and Authorization:

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

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 1.5% of the amount debited, by electronic debit from the financial institution account identified herein.

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.

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

_____ Customer Duly Authorized Signature	_____ Glacial Energy of Maryland, Inc. Executive Signature
_____ Print Name & Title	_____ Print Name & Title
Date: _____	Date: _____