

***Glacial Energy of New England, Inc.***  
***Commercial/Industrial Electricity Agreement***  
 CUSTOMER SUMMARY OF TERMS (NE EFT)

Company Name \_\_\_\_\_  
 Tax ID# \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Desired Start Date \_\_\_\_\_  
 Number of Accounts \_\_\_\_\_  
 Check if Tax Exempt (Proof of Tax Exempt status must be provided)  
*Please provide all account numbers and service address information on attachment*

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

Key Terms: _____	Term: Month-to-Month	Glacial Representative: <b>Mark Knopf</b> _____
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, fax, or regular mail 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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Glacial Energy Use only: Contract #: NE

Addendum #: \_\_\_\_\_

**Addendum to Glacial Energy of New England, Inc. Commercial Electric Sales Agreement: Additional Accounts**

This addendum to the Glacial Energy of New England, Inc. Commercial Electric Sales Agreement binds the below listed additional Accounts to the above terms:

<b>1</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>2</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>3</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>4</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>5</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>6</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>7</b>	Account# _____ Service Address: _____ City _____ Zip _____
<b>8</b>	Account# _____ Service Address: _____ City _____ Zip _____

My initials below (facsimile accepted as if it were an original) hereby acknowledge that the above listed Accounts are correct and they are obligated by the terms and conditions set forth above and to the Terms of Service Agreement. I again 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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 \$100.00 or 1.5% of the amount debited, whichever is greater, 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 New England, Inc.
_____ Print Name & Title
Date: _____