

ADDRESS INFORMATION

NEW BROKER/CONSULTANT REQUEST FORM

REMITTANCE ADDRESS

Business Name:				Business Name:	
Address 1:				Address 1:	
Address 2:				Address 2:	
City/ST:				City/ST:	
Zip Code:				Zip Code:	
Phone/Ext:					
Fax/Ext:				Years of energy experience:	
Contact Name:				# of customers you represent:	
Email Address:				Type of business sector represented	
Website:				(i.e: comm., ind., hotel, restaurant)	
Regions / Markets / States where you operate: Number of existing Suppliers that have contracted with your				List State Licenses. (License copies must be provided.)	
company:				provided.)	
Total # of Staff:				Other Comments:	
FOR OFFICE USE ONLY BY ENGIE RESOURCES:					
					engie
Payment Terms: NET 25				33.3	
Per Broker Payment Remittance Agreement. All Payment terms are Net 25.					
Payment Method:		ACH			