



# CONSUMER CREDIT INFORMATION FORM

Office Use Only  
CUSTOMER ID#

For Corporation or Registered Organization

CONSUMER'S FULL REGISTERED NAME	
OPERATING NAME	
MAILING ADDRESS	SERVICE ADDRESS (IF DIFFERENT THAN MAILING)
Business Phone #	Email
Date Of Incorporation:	For Small Businesses ONLY Electricity Pricing Plan - PLEASE CHOOSE ONE: <input type="checkbox"/> Time of Use Pricing <input type="checkbox"/> Tiered Pricing
Date that Service is Required:	
NAME OF SIGNING OFFICER	Position or Title
Home Address	
Home Phone #	
Driver's License #	Other ID

HEAD OFFICE ADDRESS (If Applicable)

Head Office Phone Number

(      )

NAMES OF OTHER SIGNING OFFICERS

Name

TITLE

Name

TITLE

Banking Information

Bank Name:

Branch Address:

I warrant the foregoing information to be true. I will notify SYNERGY NORTH in writing of any changes in the particulars of the foregoing information within thirty (30) days of such changes occurring.

I hereby authorize SYNERGY NORTH to obtain from any credit reporting agency, financial institution or any credit grantor, such information as SYNERGY NORTH may require at any time in connection with my Application and Agreement, and I hereby consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

If this application is accepted by SYNERGY NORTH, the Corporation will honour all its obligations contained in the Terms of Agreement, hereby acknowledged and received.

Signature:

Date:

Print Name:

Print Position/Title:

**For SYNERGY NORTH office use only**

Accepted for SYNERGY NORTH by:

Date of Acceptance: