



**CORPORATION OR REGISTERED
ORGANIZATION INFORMATION FORM**

Customer ID#
(Office Use Only)

Consumer's Full Registered Name
Operating Name (If different than registered name)
Date of Incorporation

Date that Service is Required:	
New Service Address	Mailing Address <i>(If different than service address)</i>
Unit Number	Unit Number
Postal Code	Postal Code
City	City
Accounts Payable Email Address	Business Email Address
Business Phone Number	
Electricity Pricing Plan- Please Select One <i>(Use for SMALL Business only)</i>	
Time of Use Pricing	Ultra-Low Overnight Pricing
Tiered Pricing	
Bank Name	Branch Address

Authorized Account Users		
Name	Title	Contact Information

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.

Print Name	Date
Signature	Title/Position