



**BILL AUDIT SUBMISSION FORM**

Date: \_\_\_\_\_

Check if Non-profit or Tax Exempt

**Customer Information**

Customer Name \_\_\_\_\_

D/B/A if applicable \_\_\_\_\_

Contact Name \_\_\_\_\_ Best Time to Contact \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Business Type \_\_\_\_\_ List Personal Relationship with Customer \_\_\_\_\_

**Account Information**

Service Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Utility Name \_\_\_\_\_ Number of Accounts \_\_\_\_\_ Service Class \_\_\_\_\_

Estimated Annual Usage: Electricity (kwHr) \_\_\_\_\_ Gas (therms or CCFs) \_\_\_\_\_

Pricing Agent Authorization Form included: No  Yes

Is Client under Contract: No  Yes  If yes, contract end date \_\_\_\_\_

Did the customer already sign up for electricity with you: No  Yes  / UA will close on the commodity unless special circumstances apply. If so, please explain \_\_\_\_\_

Telecom provider(s) \_\_\_\_\_ Merchant Service provider \_\_\_\_\_

**UA Products Included in this Submission:**

- Telecom  Electricity Procurement  Gas Procurement  Merchant Services

Special notes or instructions: \_\_\_\_\_

**Independent Representative Information**

Name \_\_\_\_\_ Rep ID# \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

CAD's Name \_\_\_\_\_ Rep ID# \_\_\_\_\_