Glacial Energy of New Jersey, Inc. Commercial/Industrial Electricity EFT Agreement

Company Name			Primary Conta	ct Name	
Tax ID#			Phone(s)		
	ddress				
	e Zip				
Desired Start Date Number of Accounts			Secondary Contact Name Phone		
Please provide all account numbers and service address information on attachment					
,					
Key Terms: Term: M2M			Glacial Representative		
Estimated Annual kWh Payment Type: El		Payment Type: EFT	Ī	Glacial Energy Contract ID	
cancel this A rendered wit subsequent greater, until I affirm that	ar mail a bill for monthly usage. It may take up to songreement for non-payment at anytime. Customer in thin twenty (20) days after the final scheduled meter to the final meter reading. Customer agrees to be only a such time as payment is received by Glacial Energy and a duly authorized agent for Customer with legal Duly Authorized Signature.	is responsible for all Glacial Ener reading or, if access is unavacharged an interest rate of 1.59 gy al authority to switch the electri	ergy supply charge ailable, an estimate % per month of the	s until Customer goes to another ES of consumption will be used in the fi total past due amount or the maximi	SCO or the Utility. A final bill will be inal bill, which will be trued up um allowable by law, whichever is
1	Account#				
1	Service Address:			City	Zip
	Sci vice Address.			Oily	Zip
2	Account#				
	Service Address:			City	Zip
3	Account#				
	Service Address:			City	Zip
4	Account#				
4	Service Address:			Citv	Zip
				1	
5	Account#				
	Service Address:			City	Zip
	1				

Glacial Energy of New Jersey, Inc. ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

EFT Information and Authorization:					
Customer Name:					
Customer Address:					
City, State, Zip:					
Phone:					
Fax:					
Financial Institution:					
Financial Account Number:					
ABA/Routing Number:					
To ensure accurate processing, please attach a VOIDED check.					
As a duly authorized check signer on the financial institution account identified heransfer debits to the financial institution account identified herein for payments of	erein, I authorize Glacial Energy to perform scheduled or periodic electronic funds due or when applicable, apply electronic funds transfer credits to same.				
If any such electronic debit(s) should be returned as Non-Sufficient Funds (NS electronic debit and to subsequently collect a fee equal to \$100.00 or 1.5% institution account identified herein.	F), Glacial Energy is hereby authorized to collect such NSF items(s) by subsequent of the amount debited, whichever is greater, by electronic debit from the financial				
For accounting purposes, all electronic debits will be reflected in the monthly be Customer will attach a blank voided check from the designated financial institution	ank statement that corresponds with the financial institution account identified herein. on account.				
I understand and authorize all of the above as evidenced by my signature below					
Customer Duly Authorized Signature	Email address for billing				
Print Name & Title					
Date:	Special instructions				