

An applicant shall fax the completed Competitive Service Provider Registration Form to (540) 997-9011 and follow-up with an original mailed to:

BARC Electric Cooperative
 Supplier Coordination Services
 P. O. Box 264
 Millboro, VA 24460

Please furnish the following information:

1. Basic Information	
Supplier Name (Legal Name)	
Supplier Name (Trade Name if different than Legal Name)	
Physical Address	
City	
State	
Zip Code	
Toll Free Number	
E-Mail Address	
Supplier Mailing Address	
Address	
City	
State	
Zip Code	
Supplier Doing Business As	
Supplier Name as Desired to Appear on Bill (18 Characters) <small>Required Information</small>	
Registered Agent	
Mail Address	
Mail City	
Mail State	
Zip Code	
Telephone	
E-Mail Address	
DUNS	
Tax-ID	
NERC ID	
Billing Type	<input type="checkbox"/> Bill Ready <input type="checkbox"/> Dual
Billing Provider	
Customer Class(es) of proposed service (Check all that apply.)	<input type="checkbox"/> Residential <input type="checkbox"/> Place of Worship <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> State <input type="checkbox"/> County/Federal
Anticipated Number of Customers	
CSP Start Date of EDI Enrollment	____/____/____ (MM/DD/YYYY)

2. Credit (Information Used to Establish Creditworthiness With BARC Electric Cooperative)	
Business Name :	
State of Incorporation (please mark N/A if not incorporated)	
Year Business Started	
Entity Type	<input type="checkbox"/> Corporation – Public <input type="checkbox"/> Corporation – Private

	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other (Please Indicate Type Below)
Parent Company (Name, if applicable)	
Parent Company State of Incorporation	
Parent Guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Data Enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long Term Bond Rating	<input type="checkbox"/> Moody's <input type="checkbox"/> Fitch <input type="checkbox"/> S & P <input type="checkbox"/> Duffs & Phelps
Applicant and/or Parent Company	
a. Operating under federal bankruptcy laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Registrant's and/or Parent's financial condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Subject to collection lawsuits or outstanding judgements which could impact solvency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Bank Transfer (Instructions for Settlement Payment)	
Contact	
Bank Name	
Mail Address	
Mail City	
Mail State	
Zip Code	
Name on Account	
Bank Account Type	
ABA Number/Transit Routing Number	
Bank Account Number	
Phone Number	

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4. Supplemental Data

Provide the following information for you and your parent company:

- a. Two most recent Annual Reports;
- b. Most recent SEC Form 10-K and 10-Q; or if SEC Form 10-K is unavailable, substitute with audited annual financial information (including a balance sheet, income statement, and cash flow statement);
- c. Most recent quarterly or monthly financial information (including a balance sheet, income statement, and cash flow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Applicant's financial condition.

5. Customer Service	
Customer Service Supervisor (Name)	
Direct Dial Voice Telephone Number	
Pager Number	
Fax Number	
E-Mail Address	
Toll-Free Customer Service Telephone Number as Desired to Appear on Bill <small>Required Information</small>	

6. Certification, Authorization, and Signature

BARC Electric Cooperative will treat all information, including financial statements, provided pursuant to the Competitive Service Provider's registration in a confidential manner. The Cooperative, however, may be required to disclose some or all of such information to the Virginia State Corporation Commission or pursuant to a court order.

Applicant will notify BARC Electric Cooperative, Service Provider Division, if any financial, credit or electronic data interchange information changes.

Applicant certifies that the information herein is complete and accurate to the best of the Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Competitive Service Provider.

Applicant hereby authorizes BARC Electric Cooperative to obtain any information that may be required relative to the Applicant from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant	
Signature of Authorized Representative	
Name (Please Print)	
Title	
Date	

Contact information of the individual signing this form:

Mailing Address: _____

Telephone: _____

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E-Mail: _____