



579 Tenney Mountain Highway  
Plymouth, NH 03264-3154  
[www.nhec.coop](http://www.nhec.coop)  
603-536-1800 / 800-698-2007

## Appendix A

### SUPPLIER INFORMATION

Supplier must fill this form out completely and return it to the Cooperative prior to entering into a contract for services with the Cooperative. Failure to fill out this form completely will render the Cooperative unable to provide services for the Supplier.

#### A. General Information (all Suppliers)

1. Legal name of the Supplier \_\_\_\_\_
2. d.b.a. name, if applicable \_\_\_\_\_
3. Supplier Address \_\_\_\_\_
4. Type of Business Entity \_\_\_\_\_
5. Supplier Member Service phone number \_\_\_\_\_
6. Supplier Tax Identification number \_\_\_\_\_
7. Supplier Dun & Bradstreet number \_\_\_\_\_
8. Supplier's general contact:
  - a. Name \_\_\_\_\_
  - b. Phone number \_\_\_\_\_
  - c. Fax number \_\_\_\_\_
  - d. Email \_\_\_\_\_
9. Supplier's technical contact:

- a. Name \_\_\_\_\_
  - b. Phone number \_\_\_\_\_
  - c. Fax number \_\_\_\_\_
  - d. Email \_\_\_\_\_
10. Date Supplier attended New Hampshire Supplier training \_\_\_\_\_
11. Has Supplier registered with the New Hampshire Public Utilities Commission? \_\_\_\_\_

**B. Billing and Banking Information (for Suppliers opting for Consolidated Billing Service)**

1. Name of receiving bank (to accept electronic transfer of Member payments):
- a. Name \_\_\_\_\_
  - b. Phone number \_\_\_\_\_
  - c. Fax number \_\_\_\_\_
  - d. Email \_\_\_\_\_
2. Routing and transit number (ABA number) \_\_\_\_\_
3. Bank account number \_\_\_\_\_

**C. Value Added Network (VAN)**

- 1. Name of VAN Provider \_\_\_\_\_
- 2. ISA Qualifier \_\_\_\_\_
- 3. ISA ID \_\_\_\_\_
- 4. GS Identifier \_\_\_\_\_

**D. Supplier's EDI Name and Contact**

- 1. Supplier's EDI provider: \_\_\_\_\_

2. Supplier's EDI contact:

- a. Name \_\_\_\_\_
- b. Phone number \_\_\_\_\_
- c. Fax number \_\_\_\_\_
- d. Email \_\_\_\_\_

E. Establishment of NEPOOL Settlement Account

1. Name of the NEPOOL Participant in whose NEPOOL Settlement Account the Supplier's load obligation will be reflected \_\_\_\_\_

2. Settlement Account Number (if available) \_\_\_\_\_

3. Supplier's NEPOOL Contact:

- a. Name \_\_\_\_\_
- b. Phone number \_\_\_\_\_
- c. Fax number \_\_\_\_\_
- d. Email \_\_\_\_\_

4. Estimated Maximum Load (kW Demand) \_\_\_\_\_

5. Estimated Effective Date (mo/day/year) \_\_\_\_\_

F. Supplier Load Allocation, if requested

1. Check to receive load estimation results \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Supplier's Load Settlement Contact:

- a. Name \_\_\_\_\_
- b. Phone number \_\_\_\_\_
- c. Fax number \_\_\_\_\_

d. Email \_\_\_\_\_

G. Notice

The address for notices of the Parties shall be:

1. Supplier (Authorized Business Representative #1)

a. Name \_\_\_\_\_

b. Address-1 \_\_\_\_\_

c. Address-2 \_\_\_\_\_

d. Phone number \_\_\_\_\_

e. Fax number \_\_\_\_\_

f. Email \_\_\_\_\_

2. Supplier (Authorized Business Representative #2)

a. Name \_\_\_\_\_

b. Address-1 \_\_\_\_\_

c. Address-2 \_\_\_\_\_

d. Phone number \_\_\_\_\_

e. Fax number \_\_\_\_\_

f. Email \_\_\_\_\_

3. Cooperative (Authorized Business Representative)

Primary: Jeremy Clark  
New Hampshire Electric Cooperative  
579 Tenney Mountain Highway  
Plymouth, NH 03264-3154  
Phone: (603) 536-8611  
E-Mail: CompetitiveSuppliers@nhec.com

Alternative: Brenda Inman  
New Hampshire Electric Cooperative  
579 Tenney Mountain Highway  
Plymouth, NH 03264-3154  
Phone: (603) 536-8824  
E-Mail: CompetitiveSuppliers@nhec.com

4. Cooperative (Authorized Technical Representative)

Primary: Mark Patten  
New Hampshire Electric Cooperative  
579 Tenney Mountain Highway  
Plymouth, NH 03264-3154  
Phone: (603) 536-8894  
E-Mail: CompetitiveSuppliers@nhec.com

Alternative: Lynne Uhlman  
New Hampshire Electric Cooperative  
579 Tenney Mountain Highway  
Plymouth, NH 03264-3154  
Phone: (603) 536-8895  
E-Mail: CompetitiveSuppliers@nhec.com

H. If you have selected to use the Cooperative's Consolidated Billing Services, please complete this section.

1. Provide information to appear on the members' New Hampshire Electric Cooperative bills

- a) Company Name: \_\_\_\_\_ (max of 30 characters)
- b) Address-1 \_\_\_\_\_ (max of 40 characters)
- c) Address-2 \_\_\_\_\_ (max of 40 characters)
- d) Telephone (toll free number): \_\_\_\_\_ (max of 12 characters)
- e) Email for inquires: \_\_\_\_\_ (max of 36 characters)

2. The interest rate that will be used to calculate any Late Payment Fee:

Annual Interest Rate Percentage: \_\_\_\_\_

3. Supplier's Consolidated Billing Contact:

- a. Name \_\_\_\_\_
- b. Phone number \_\_\_\_\_
- c. Fax number \_\_\_\_\_
- d. Email \_\_\_\_\_

## **Appendix B**

### **COOPERATIVE SPECIFIC PROVISIONS**

#### **1. Fees**

Supplier agrees to pay any fees detailed in the Cooperative's tariff. The Cooperative shall notify Supplier of the approval of any such fees.

#### **2. Holidays and Time**

Any reference made with respect to time either in this Agreement or the EDI Standards is understood to be Eastern Prevailing Time.

The Cooperative observes the following holidays and will not receive or process electronic transactions on the following days: New Year's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, The Day after Thanksgiving, and Christmas Day. All holidays will be the nationally observed day or as otherwise posted by the Cooperative on its website. ISO-New England settlement holidays are as posted on their website.

#### **3. Electronic Transmission of Invoices**

The parties agree that invoices may also be transmitted electronically.

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**For Supplier:**

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Signed - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -

Date

Printed Name

Title - \_\_\_\_\_ -

State of \_\_\_\_\_ -, County of: \_\_\_\_\_ -

Before me personally appeared: \_\_\_\_\_ -

Who on this: \_\_\_\_\_ - day of \_\_\_\_\_ - year \_\_\_\_\_ -

Acknowledge the foregoing to be his/her/their voluntary act and deed:

\_\_\_\_\_ -

Justice of the Peace/Notary Public

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**For NH Electric Cooperative:**

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Signed - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -

Date

Printed Name

Title - \_\_\_\_\_ -

State of \_\_\_\_\_ -, County of: \_\_\_\_\_ -

Before me personally appeared: \_\_\_\_\_ -

Who on this: \_\_\_\_\_ - day of \_\_\_\_\_ - year \_\_\_\_\_ -

Acknowledge the foregoing to be his/her/their voluntary act and deed:

\_\_\_\_\_ -

Justice of the Peace/Notary Public