



579 Tenney Mountain Highway
Plymouth, NH 03264-3154
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: Angelo Van Engelen
New Hampshire Electric Cooperative
579 Tenney Mountain Highway
Plymouth, NH 03264-3154
Phone: (603) 536-8622
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: Daron Whitehouse
New Hampshire Electric Cooperative
579 Tenney Mountain Highway
Plymouth, NH 03264-3154
Phone: (603) 536-8896
E-Mail: CompetitiveSuppliers@nhec.com

H. Member Billing Information

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 inquiries: _____ (max of 36 characters)

If you have selected to use the Cooperative's Consolidated Billing Services, please complete sections 2 and 3:

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.

For Supplier:

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

For NH Electric Cooperative:

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