

# Dominion Energy Virginia Competitive Service Provider Registration Form

An applicant shall mail the completed Registration Form to:

Electric Supplier Relations  
Dominion Energy Virginia  
P. O. Box 26666  
Richmond, VA 23261-6666

To expedite the registration process, the applicant may also fax a copy of the Registration Form to Electric Supplier Relations at (804) 819-2746.

Please complete all fields. If a field is not applicable to your company, please indicate by inserting "N/A" in the space provided.

<b>1. Basic Information</b>							
Supplier Name (Legal Name)							
Supplier Name (Trade Name if different than Legal Name)							
Mail Address							
Mail City							
Mail State							
Zip Code							
Toll Free Number							
E-Mail Address							
Supplier Billing Address							
Bill Address							
Bill City							
Bill State							
Zip Code							
Supplier Doing Business As							
Supplier Name as Desired to Appear on Bill (25 Characters) <small>Required Information</small>							
Registered Agent							
Mail Address							
Mail City							
Mail State							
Zip Code							
Telephone							
E-Mail Address							
DUNS							
Tax-ID							
NERC ID							
PJM Short Name (6 Characters) <small>Required Information</small>							
Billing Type	_____ Dual						
Billing Provider							
Type	_____ Competitive Service Provider _____ Retail Transmission Customer						
Customer Class(es) of proposed service (Check all that apply.)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Residential</td> <td style="width: 50%; border: none;">_____ Industrial</td> </tr> <tr> <td style="border: none;">_____ Place of Worship</td> <td style="border: none;">_____ State</td> </tr> <tr> <td style="border: none;">_____ Commercial</td> <td style="border: none;">_____ County/Municipal</td> </tr> </table>	_____ Residential	_____ Industrial	_____ Place of Worship	_____ State	_____ Commercial	_____ County/Municipal
_____ Residential	_____ Industrial						
_____ Place of Worship	_____ State						
_____ Commercial	_____ County/Municipal						
Participation in Pilot Programs	_____ Competitive Bid Supply Service Pilot _____ Commercial and Industrial Pilot _____ Municipal Aggregation Pilot						

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Anticipated Number of Customers	
CSP Start Date of EDI Enrollment	____/____/____ (MM/DD/YYYY)

<b>2. Credit</b> (Information Used to Establish Creditworthiness With Dominion Energy Virginia)	
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

<b>3. Bank Transfer (Instructions for Settlement Payment)</b>	
Contact	
Bank Name	
Mail Address	
Mail City	
Mail State	
Zip Code	
Name on Account	
Bank Account Type (Select One)	<input type="checkbox"/> Direct Deposit <input type="checkbox"/> Savings
ABA Number/Transit Routing Number	
Bank Account Number	
Supplier Payment Method (Select One)	<input type="checkbox"/> Automated Clearing House <input type="checkbox"/> Check
Phone Number	

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## 4. Supplemental Financial Data

Provide the following information for Applicant:

a. The audited financial statements for the last two years (including balance sheet, income statement and cash flow statement). If not available for Applicant, provide for the parent company. Unaudited financial statements must be accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of the Applicant's financial condition.

b. Current PJM Letter of Good Standing for Applicant that includes confirmation that Applicant has no overdue balances.

<b>5. Customer Service</b>	
Customer Service Supervisor (Name)	
Direct Dial Voice Telephone Number	
Pager Number	
Fax Number	
E-Mail Address	

## 6. Certification, Authorization, and Signature

Dominion Energy Virginia will treat all information, including financial statements, provided pursuant to the Competitive Service Provider's registration in a confidential manner. The Company, 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 Dominion Energy Virginia, Electric Supplier Relations, 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 Dominion Energy Virginia 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: \_\_\_\_\_

E-Mail: \_\_\_\_\_