

EXHIBIT B
COMPETITIVE ELECTRICITY PROVIDER

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Failure to fill out this form completely will render the T&D unable to provide services for the Provider. The Provider shall submit revisions to this document with 5 working days of any changes to the information herein.

General Information for Licensed Provider:

Provider Name _____

Corporate Address _____

Dun & Bradstreet number _____

Date of MPUC License _____

Business contact _____

Title _____

Phone number _____

Facsimile number _____

E-mail address _____

Technical EDI contact _____

Title _____

Phone number _____

Facsimile number _____

E-mail address _____

Authorized Signature: _____

Title: _____

Date: _____

Complete one form for each "Doing Business As" entity of the Provider.

"Doing Business As": _____

DBA Contact _____

Title _____

Phone number _____ Fax number _____

E-mail address _____

ISO-NE Company ID# _____ Dun's+4 _____

ISO-NE Load Asset Account # _____ Effective Date _____

Value Added Network (VAN) Service _____

Phone number _____

EDI Trading Partner ID _____

Attach VAN transmission schedule (In-bound & Out-bound).

Banking Information

1. Bank name _____

2. Bank phone _____

3. Routing & transit number (ABA) _____

4. Bank account number _____

5. Federal tax id _____

Consolidated Utility Billing Service Yes No

1. Customer account number format _____

2. Company name for bill print _____

3. Customer service phone number for bill print _____

4. Business hours for bill print _____

5. Participate in T&D budget plans? _____

6. Types of Rate Structures offered: Flat Blocked TOU seasonal

7. Types of determinants used: kWh kWd kVard kVarh

8. Attach rate descriptions.

Authorized Signature: _____

Title: _____

Date: _____

