



In order to properly work your account(s), we will need the information requested below. Please complete the following as accurately as possible, then scan and email to info@ueallc.com, with a copy of the current bill for each meter.

Legal Entity Name _____

DBA Name _____

Legal Address _____

Legal City, State Zip Code _____

Billing Address _____

Billing City, State/Zip Code _____

Signatory Name _____ (Accts. Pay. – Billing)
AP Contact Name _____

Signatory Title _____ AP Title _____

Signatory Phone Number _____ AP Phone Number _____

Signatory Fax Number _____ AP Fax Number _____

Signatory E-Mail Address _____ AP E-Mail Address _____

Emergency Contact Name _____ Emergency Phone Number _____

Name Of Current Provider _____ Contract Expiration Date _____

Type of contract currently in force _____ Is this a _____

Tax ID # _____ Dun & Bradstreet Number (If available) _____

Special Requests _____

