

**Public Service Electric and Gas Company (PSE&G)**  
**Third Party Supplier Application to Participate in Retail Choice**

An applicant shall forward this completed and signed application, and accompanying information to the following address:

**Retail Settlement Operations  
Public Service Electric and Gas  
80 Park Plaza  
Mail Code T18A  
Newark, NJ 07102-4194  
Attn: Manager Financial and Risk Management**

An applicant will not be eligible to be a Third Party Supplier (TPS) until PSE&G approves the application and the applicant and PSE&G execute the Third Party Supplier Master Service Agreement.

*Please furnish the following information:*

**1. Applicant / Company**

Applicant Name \_\_\_\_\_  
State of Incorporation (please mark N/A if not incorporated) \_\_\_\_\_  
Years in Business \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_ D&B DUNS # \_\_\_\_\_  
Credit or Financial Contact Person  
First and Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Facsimile (\_\_\_\_) \_\_\_\_\_  
  
Parent Company \_\_\_\_\_ State of Incorporation \_\_\_\_\_



**5. Alternative Credit Arrangements**

If the Applicant is unable to provide PSE&G with the above-mentioned information or to demonstrate that it has and maintains Investment Grade bond ratings from any of the rating agencies listed in the Master Service Agreement, the Applicant must make alternative credit arrangements for an amount covering sixty (60) days of customer usage in the summer months multiplied by the applicable BGS rate. The acceptable forms of alternative credit arrangements are described in the Master Service Agreement.

**Please provide an estimate of the initial amount of sixty (60) days of applicable customer usage in the summer months (in kilowatthours) broken down by rate class (for a description of the rate classes please see Rate Class Information on the website):**

RS: \_\_\_\_\_ WH: \_\_\_\_\_ LPL-Primary: \_\_\_\_\_  
 RHS: \_\_\_\_\_ WHS: \_\_\_\_\_ HTS-Subtransm. \_\_\_\_\_  
 RLM: \_\_\_\_\_ HS: \_\_\_\_\_ HTS-Transm. \_\_\_\_\_  
 GLP: \_\_\_\_\_ LPL-Secondary: \_\_\_\_\_

**6. Representations**

	<u>Applicant</u>		<u>Parent</u>	
	Yes	No	Yes	No
<i>Is the applicant and/or their parent:</i>				
a. Operating under federal bankruptcy laws?	___	___	___	___
b. Subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Applicant's and/or Parent's financial condition	___	___	___	___
c. Subject to collection lawsuits or outstanding judgements which could impact solvency?	___	___	___	___
d. Mandatory disclosure of prior bankruptcy declarations by Applicant and/or predecessor				

***Any information required for exchanging business documents via EDI should be submitted to the Third Party Supplier Support Group tel. 1-800-664-4761 option 1.***

**7. Certification, Authorization, and Signature**

PSE&G will treat all financial statements provided by Applicant in a confidential manner.

**Applicant will notify PSE&G, Retail Settlement Operations, if any financial, credit or electronic document exchange information changes.**

**Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized Representative of the Third Party Supplier.**

Applicant hereby authorizes PSE&G to obtain any information that may be required relative to this Application 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: \_\_\_\_\_

Sworn Before \_\_\_\_\_

Date \_\_\_\_\_