APARTMENT SERVICE START/STOP FORM

Check to Accept
 All Priority Meter Fees

Contact Information								
CSA Number (if applicable)	* Business Entity (Customer Name)	Business Partner Number						
* Billing Address		* Contact Phone	Fax Number					
* Tax/Federal ID Number		*Email Address						

SERVICE ADDRESS

* Street Number	* Street Na	me	* City	* State	* Zip Code
* Check One		* Unit Number	EISD#	* Effec	tive Date
Start Stop	Verify				
Start Stop	Verify				
Start Stop	Verify				
Start Stop	Verify				
Start Stop	Verify				

Savant Energy Services will provide electric service to each premise (listed above) under the application price, terms, and conditions of Homebuilder's existing Commercial Electricity Service Agreement with Savant Energy (the "Agreement"). There is no deposit required, no switching fees, and no penalty for early cancellation. Applicable TDSP connection charges for Move-In service orders apply.

By signing below, I am authorizing Savant Energy Services, to become the new retail electric provider for each premise listed above. I authorize Savant Energy Services to act as my agent to effectuate the change, and I am authorizing Savant Energy Services to perform the task necessary to establish a Move-In or Move-Out service order for the above stated

premise(s) under the terms and conditions of the Agreement. I am at least eighteen (18) years of age and legally authorized to select and/or change retail electric providers for the address(es) listed above.

I prefer to receive information from Savant Energy Services in English unless otherwise indicated below.

____ I prefer to receive information from Savant Energy Services LLC in Spanish.

Authorization		
* Requestor's Signature	* Requestor's Printed Name	* Date

email to: AP@SavantEnergyServices.com or fax to: (800) 896-1314

Customer: Please retain a copy of this request for your records incomplete requests will be returned to sender for additional information

