



Maryland Electricity Supplier Registration Form

Please forward this completed and signed application, and accompanying information to the following address:

<u>Mailing Address:</u> Attn: Scott Razze, 79NC82 Manager, Supplier Relations Delmarva Power PO Box 9239 Newark, DE 19714-9239	<u>Shipping Address:</u> Attn: Scott Razze, 79NC82 Manager, Supplier Relations Delmarva Power 401 Eagle Run Road Newark, DE 19702
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Please provide the following information:

Applicant / Company	
Applicant Legal Name _____	
Current Address _____	
	City _____
	State _____ Zip Code _____
Telephone Number _____	Fax Number _____
Federal Tax ID _____	D&B DUNS # _____
PSC License # _____	PSC Certification Date _____
PJM Supplier Short Name (6 chars or less): _____	

Banking Information	
<u>ACH Instructions for Customer Remittances</u>	
Bank Name _____	Address _____
ABA # _____	City, State _____
Account # _____	Zip Code _____
Name on the account _____	Contact at the bank _____
	Phone # _____

Maryland
Third Party Supplier (TPS) Contact Information Form

TPS Name as on Contract: _____

State (where energy will be supplied - to which the information on this form applies): _____

PJM Supplier Short Name (6 chars or less): _____

Registration Contact:

Last Name

First Name

Contact Phone Number: (_____) _____ - _____ Extn: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Contact for PJM:

Last Name

First Name

Contact Phone Number: (_____) _____ - _____ Extn: _____

Email: _____

Supplier Contact information as it is to appear on the confirmation letters/customer bills (Name limited to maximum of 15 characters if supplier will be using utility consolidated billing):

Supplier Name: _____ Cust. Svc. Phone #: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Supplier Billing contact information (for Delmarva Power billing to TPS):

Primary Billing Contact: _____
Last Name First Name

Contact Phone Number: (_____) _____ - _____ Extn: _____

Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Supplier Enrollment contact (for Delmarva Power to contact Supplier if needed):

Enrollment Contact: _____
Last Name First Name

Contact Phone Number: (_____) _____ - _____ Extn: _____

Email address: _____