



A PHI Company

### Maryland Electricity Supplier Registration Form

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

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

<b>Applicant / Company</b>	
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): _ _ _ _ _	

<b>Banking Information</b>	
<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 # _____

## Meter Correction Allocation Methodology Acknowledgment

On January 22, 2010, FERC conditionally accepted PJM's proposal to provide a voluntary billing service for Electric Distributions Companies (EDCs) that elect to have PJM allocate meter correction charges directly to the Load Serving Entities (LSEs) within their respective EDC territory, making the tariff revisions effective February 1, 2010.

FERC stipulated that in order for PJM to implement this provision for an individual EDC to use this optional billing service, both the EDC and the LSEs in the respective EDC zone must consent to use this service before the change in meter correction allocation methodology can be used in that EDC's zone.

The Delmarva Power zone load is fully allocated to the wholesale and retail suppliers providing the energy to meet the Delmarva Power load. Any meter corrections to that monthly load at the end of the month should be appropriately shared amongst all of those LSEs. These meter corrections can be charges or credits in any particular month and, in fact, have been net credits in most months for the Delmarva Power zone.

Delmarva Power and PJM implemented this meter correction allocation methodology policy with the January 2011 PJM invoices.

Please indicate your concurrence with the **meter correction allocation methodology** as outlined above and in the FERC ruling by signing below and returning a copy of the letter to PJM and Pepco Holdings Inc. via electronic signature, fax, or include with the initial ACE or DPL registration.

- Fax to PJM at (610) 666-4540 or email to [mSWG@pjm.com](mailto:mSWG@pjm.com)
- Email Pepco Holdings Inc. at [DESUPPLIER@PEPCOHOLDINGS.COM](mailto:DESUPPLIER@PEPCOHOLDINGS.COM)
- Include with Initial Supplier Registration for ACE or DPL

If you need any further explanation, please contact Supplier Relations at (302) 283-6012.

Sincerely,



Patrick J. Cook, *Mgr. – Wholesale Billing & Administration*

Delmarva Power and Atlantic City Electric  
PHI Companies

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Signature

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Contact Name/Title

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Retail Supplier Name

DPL DE PJM Short Name \_\_\_\_\_

DPL MD PJM Short Name \_\_\_\_\_

ACE NJ PJM Short Name \_\_\_\_\_

## Access to Supplier Website Reports and Applications

Atlantic City Electric and Delmarva Power are authorized to provide certain information to a supplier that is not available via EDI. This information is provided via website applications.

- In DE, suppliers can access a list of all DE customers, updated in April and October
- In MD, suppliers can access customer bills
- In NJ, suppliers can access reports on customer arrears
- In DE, MD, and NJ, suppliers can access interval data via a website application
- In DE, MD, and NJ, suppliers can access a report of missing EDI transactions, including charges that were not sent to the utility.

In order to set up access for your company, **you need to designate two people from your company to act as the gatekeepers.** Security information, including any logins and passwords assigned to your company, will only be given to the official contact listed in your executed supplier agreement, or to the designated gatekeepers.

The gatekeepers will be responsible for distributing the login and password information to other employees in your company, changing the password if an employee leaves your company and should no longer have access to the data, and communicating password changes to the employees who have been given access. In addition, the staff of the Supplier Hotline will refer any request for access from employees of your company to the designated gatekeepers.

### GATEKEEPER #1

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### GATEKEEPER #2

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**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: \_\_\_\_\_