



Delaware Electric Cooperative Third Party Supplier Application to Participate in Retail Choice
(the "Application") in Delaware.

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

Delaware Electric Cooperative, Inc. Attn. Mark Nielson 14198 Sussex Highway PO Box 600 Greenwood,
DE 19950

An applicant will not be eligible to be a Third Party Supplier (TPS) until Delaware Electric Cooperative approves the application and the applicant and Delaware Electric Cooperative execute the Third Party Supplier Agreement.

Please provide the following information:

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 _____

Will the Applicant's Parent Company or an Affiliate
be the credit support provider (e.g., guarantee)? Yes _____ No _____ If yes, identify by name
the credit support provider: Parent Company _____ State of
Incorporation _____ Affiliate _____ State of
Incorporation _____

Bank Reference (lending institution)

Bank Name _____ Address _____

Account Officer _____ City, State _____

Account # _____

_____ Zip Code _____ Telephone

(_____) _____
