



DELAWARE ELECTRIC CO-OP

"We Keep the Lights On"

**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 A. 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
(____) _____