

**EXHIBIT B – PAGE 1**  
**COMPETITIVE ELECTRICITY PROVIDER INFORMATION**

**Failure to fill out this form completely will render the T&D unable to provide services for the Provider. The Provider shall submit revisions to this document within 5 working days of any changes to the information herein.**

**General Information for Licensed Provider:**

Provider Name \_\_\_\_\_

Corporate Address \_\_\_\_\_

Dun & Bradstreet number \_\_\_\_\_

Date of MPUC License \_\_\_\_\_

Business contact \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Facsimile number \_\_\_\_\_

E-mail address \_\_\_\_\_

Technical EDI contact \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Facsimile number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Complete one form for each “Doing Business As” entity of the Provider:**

“Doing Business As”: \_\_\_\_\_

DBA Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

Dun’s # \_\_\_\_\_ Dun’s+4 \_\_\_\_\_

ISO-NE Load Asset Account # \_\_\_\_\_ Effective Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT B – PAGE 2**  
**Central Maine Power Company**  
**Request for Consolidated Billing Services**

Supplier Name: \_\_\_\_\_ Dun's + 4: \_\_\_\_\_ + \_\_\_\_\_

Bank Information for transferring payments:

Bank name: \_\_\_\_\_

Bank phone: \_\_\_\_\_

Routing & transit number (ABA): \_\_\_\_\_

Bank account number: \_\_\_\_\_

Federal tax id: \_\_\_\_\_

***Provide the following data exactly as it is to appear on the customer's bill***

***Field Size Limits:***

Company Name: \_\_\_\_\_ 30 characters

Acronym: \_\_\_\_\_ 5 characters

Account Number Format: \_\_\_\_\_ (eg: zzz-99999) 15 characters

Customer Service Business Hours/Days: \_\_\_\_\_ 30 characters

Customer Service Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

***Additional Requirements***

Company Logo: Available space is 5/8" high x 1 1/4" wide. Image is printed in black & white.  
 E-mail appropriately sized b/w image in .TIF file format, scanned at 240 PEL.  
*or* attach appropriately sized b/w image hard copy.

T&D Budget Plan: Allow customers to participate in Budget Payment Plan? **Yes / No**

Rates: Rates may be submitted electronically or attached hard-copy.  
 Rate codes can be up to 5 characters, alpha-numeric.  
 Rate names can be up to 24 characters, alpha-numeric.

Pro-rate rate code price changes? **Yes / No**

Pro-rate seasonal price changes? **Yes / No**

Types of Rate Structures offered:  Flat  Blocked  TOU  seasonal

Types of determinants used:  kWh  kWd  kVard  kVarh

Attach rate descriptions:

*Standard structure rates will be implemented, and price quotes will be provided for non-standard rate structures, within 20 business days of receiving this complete request.*

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_