

CenterPoint Energy Service Area APARTMENT SERVICE START / STOP AUTHORIZATION FORM

FAX TO: 888-773-9647 Effective Date: July 1, 2017 - September 30, 2017

* Required

							Required	
CSA Number (if applicable) * Business Entity Name (Cust			tomer Name) Bus			usiness Partner Number		
* Billing Address Tax						x / Federal ID Number		
* Contact Telephone		ımber	Email Address	Email Address				
	•		•					
Customer language selection for invoices and correspondence (check one):								
SERVICE ADDRESS								
* Street Number			* City		1	* State TX	* Zip Code	
Please check the appropriate box (Required)		UNIT NUMBER	ESI ID # (prefix provided)			EFFECTIVE DATE		
☐ START ☐ STOP ☐ VERIFY			10089010					
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Reliant requires a minimum of three (3) business days to process service start or stop requests. I understand that the following information is required to begin the enrollment process with Reliant Energy Retail Services, LLC (Reliant). I agree to be enrolled on the BMF Monthly Flex Plan for Business with an energy charge of 13.5¢ per kWh. I understand that the average price per/kWh is 15.3¢ for 50 0 kWh/month, 14.6¢ for 1,000 kWh/month, and 14.2¢ for 2,000 kWh/month. There is a \$6.95 monthly base charge, \$0.00 per month, and 0.6335¢ per kWh TDSP Surcharge. There is no minimum term, no switching fee, and no penalty for early cancellation. This is a variable price plan, which means your energy consumption charge may either increase or decrease based on market conditions without prior notice to you. After your first bill, your price may change from month to month without notice. The energy consumption charge will be established on the first day of each month. You will be billed at the energy consumption charge in effect on your meter read start date plus the base charge and demand charge.								
Authorization: By signing below, (i) I certify that I am at least eighteen (18) years of age and legally authorized by all necessary action to act on behalf of customer to select Reliant Energy Retail Services, LLC (Reliant) as retail electric provider for the account(s) identified and perform the tasks necessary to complete the enrollment; (ii) Customer understands that complete Terms of Service will be sent to the customer's specified mailing address.								
* Requestor's Signature			* Date			FOR RELI	ANT USE ONLY	
* Requestor's Printed Name			Title			XA6P1S XA6P1T XA6P1U		

For more information about this request, contact kss@reliant.com or call our Customer Care Line at 1-800-716-6543. Our Representatives are available to assist you Monday – Friday from 7:00 am to 7:00 pm.