



Phone: 832-932-9239 Hrs. 8-5 M-F CST Toll Free: 888-256-2823 (24 X 7) Fax: 832-932-9256

**BILLING INFORMATION**

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Suite/Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I would like to receive my bill electronically.  I would like to receive my bill by mail.  Both Mail & Electronically

SSN / DL# / ID# (Required for Processing): \_\_\_\_\_

**SERVICE INFORMATION**

Service Address 1: \_\_\_\_\_

Suite/Unit#: \_\_\_\_\_ ESIID/Meter#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Standard Switch \*:\_\_\_\_/\_\_\_\_/\_\_\_\_  Self Selected Switch \*\*:\_\_\_\_/\_\_\_\_/\_\_\_\_  Move In \*\*\*:\_\_\_\_/\_\_\_\_/\_\_\_\_

\* Standard Switches may take up to 7 business days and typically will be completed in 3 to 7.  
\*\* Self Selected Switch requests will be requested on the business day identified by customer. Nonrecurring TDU charges will apply.  
\*\*\* Move In – Approximately 3-5 business days. Nonrecurring TDU charges will apply.

**AUTHORIZATION**

\_\_\_\_\_By initialing here, I acknowledge that I have been provided with a copy of and have read and understand the Residential Terms of Service agreement version \_\_\_\_\_ for the product for which I am enrolling.

\_\_\_\_\_By initialing here, I acknowledge that I understand that the price I am agreeing to is a fixed rate of \_\_\_\_cents per kWh plus tax and any applicable charges from the TDU which are all passed through with no mark up. The initial Term of Service that I am agreeing to is  6  12  MTM or \_\_\_\_\_. There is no charge for a standard switch which may be rescinded without penalty within 3 federal business days after receiving the Terms of Service. There is a \$150.00 early termination fee otherwise. **Shyne Energy may require you to pay a deposit** based on our credit requirements outlined in the terms of service.

\_\_\_\_\_By initialing here and signing below (facsimile signature accepted as if it were an original) I am authorizing Shyne Energy to perform necessary tasks to establish my electric service account with Shyne Energy. I agree that I have read and understand this Residential Enrollment Sheet and the Terms of Service Agreement that describes the service I will be receiving. I am at least 18 years of age and legally authorized to select or change Retail Electric Providers for the Service Address(s) and ESIID(s) listed above. I further understand that I may be working with an independent agent that is not an employee of Shyne Energy and is not granted any right or authority or responsibility expressed, implied or apparent on behalf of or in the name of Shyne Energy to bind or act on behalf of Shyne Energy. This contract is not valid unless accepted and executed by Shyne Energy.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sales Representative: \_\_\_\_\_ Sales Vendor ID: \_\_\_\_\_

APPROVAL: Shyne Energy Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_