



Delaware Electric Cooperative Third Party Supplier Application to Participate in Retail Choice
in Delaware.

An applicant shall forward this completed and signed application, and accompanying information to
SupplierRelations@delaware.coop.

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., guarantor)?

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(_____) _____