

## CenterPoint Energy Service Area CORPORATE HOUSING START / STOP AUTHORIZATION FORM EMAIL TO: BMFTransactions@reliant.com

Effective Date: January 1, 2021 - March 31, 2021

\* Required

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CSA Number (if applicable) * Business Entity Name (Customer Name)					Business Partner Number			
* Billing Address					Tax / Federal ID Number			
* Contact Telephone								
·								
Customer language selec	tion for invoice	es and correspond	dence (check one):	English	□Spar	nish		
		SF	RVICE ADDRESS	<u> </u>				
* Street Number			TOL ADDITEO	* City		* State	* Zip Code	
on our Number	Otroot Hui					TX	Zip Godo	
Please check the appro (Required)	priate box	UNIT NUMBER	ESI ID # (prefix provided)			EFFECTIVE DATE		
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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 15.4¢ for 50.0 kWh/month, 14.7¢ for 1,000 kWh/month, and 14.3¢ for 2,000 kWh/month. There is a \$6.95 monthly base charge, \$0.00 per month, and 0.263¢ 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.								
<b>Authorization:</b> 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 BMFTransactions@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.