



LEAF RIVER ENERGY CENTER

A New Jersey Resources Company

EBB Access Request Form

Company Information

Company Name ("Shipper"): _____

Tax ID # & D-U-N-S# : _____

Company Mailing Address: _____

Company Phone Number: _____

Company Fax Number: _____

Email for Transaction Confirmations _____

Authorized Signature

Name: _____

Title: _____

Signature: _____

Date: _____

Authorized Personnel

For each name below:

Check "User" if you need a QuickNom User ID

Check "Contact" for email notifications only

☐

User

☐

Contact

Name: _____

Job Title: _____

User Privileges:

☐

Can Nominate

☐

Execute Capacity Release

☐

Review Invoice

Address: _____

Phone Number: _____

Cell Number: _____

Email address: _____

Relationship to Subscriber:
(i.e. employee, agent, etc.) _____

Email Notifications:

☐

Curtailment

☐

Critical / Non Critical Notice

☐

Capacity Release

☐

Credit

☐

Nominaiton Create

☐

Marketing

☐

Invoice

☐

Nomination Edit

☐

Scheduling

<input type="checkbox"/> User	<input type="checkbox"/> Contact	Name: _____	Job Title: _____
User Privileges:		<input type="checkbox"/> Can Nominate	<input type="checkbox"/> Execute Capacity Release
Address:		<input type="checkbox"/> Review Invoice	

Phone Number:		_____	
Cell Number:		_____	
Email address:		_____	
Relationship to Subscriber: (i.e. employee, agent, etc.)		_____	
Email Notifications:		<input type="checkbox"/> Curtailment	<input type="checkbox"/> Critical / Non Critical Notice
		<input type="checkbox"/> Credit	<input type="checkbox"/> Capacity Release
		<input type="checkbox"/> Invoice	<input type="checkbox"/> Nomination Create
		<input type="checkbox"/> Nomination Edit	<input type="checkbox"/> Marketing
			<input type="checkbox"/> Scheduling

<input type="checkbox"/> User	<input type="checkbox"/> Contact	Name: _____	Job Title: _____
User Privileges:		<input type="checkbox"/> Can Nominate	<input type="checkbox"/> Execute Capacity Release
Address:		<input type="checkbox"/> Review Invoice	

Phone Number:		_____	
Cell Number:		_____	
Email address:		_____	
Relationship to Subscriber: (i.e. employee, agent, etc.)		_____	
Email Notifications:		<input type="checkbox"/> Curtailment	<input type="checkbox"/> Critical / Non Critical Notice
		<input type="checkbox"/> Credit	<input type="checkbox"/> Capacity Release
		<input type="checkbox"/> Invoice	<input type="checkbox"/> Nomination Create
		<input type="checkbox"/> Nomination Edit	<input type="checkbox"/> Marketing
			<input type="checkbox"/> Scheduling

<input type="checkbox"/> User	<input type="checkbox"/> Contact	Name: _____	Job Title: _____
User Privileges:		<input type="checkbox"/> Can Nominate	<input type="checkbox"/> Execute Capacity Release
Address:		<input type="checkbox"/> Review Invoice	

Phone Number:		_____	
Cell Number:		_____	
Email address:		_____	
Relationship to Subscriber: (i.e. employee, agent, etc.)		_____	
Email Notifications:		<input type="checkbox"/> Curtailment	<input type="checkbox"/> Critical / Non Critical Notice
		<input type="checkbox"/> Credit	<input type="checkbox"/> Capacity Release
		<input type="checkbox"/> Invoice	<input type="checkbox"/> Nomination Create
		<input type="checkbox"/> Nomination Edit	<input type="checkbox"/> Marketing
			<input type="checkbox"/> Scheduling

Please send completed forms to LeafRiverContracts@njresources.com