



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: _____

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

| | | | | |
|---|----------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> User | <input type="checkbox"/> Contact | Name: _____ | Job Title: _____ | |
| User Privileges: | | <input type="checkbox"/> Can Nominate | <input type="checkbox"/> Execute Capacity Release | <input type="checkbox"/> Review Invoice |
| Address: | | _____ _____ _____ | | |
| 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"/> Capacity Release |
| | | <input type="checkbox"/> Credit | <input type="checkbox"/> Nominaiton Create | <input type="checkbox"/> Marketing |
| | | <input type="checkbox"/> Invoice | <input type="checkbox"/> Nomination Edit | <input type="checkbox"/> Scheduling |

User Contact Name: _____ Job Title: _____

User Privileges: Can Nominate Execute Capacity Release Review Invoice

Address: _____

Phone Number: _____

Cell Number: _____

Email address: _____

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 (i.e. employee, agent, etc.) _____

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Please send completed forms to LeafRiverScheduling@njresources.com