



Commercial On-Bill Repayment Application

This is not a contract for an On-Bill Repayment, nor does it lock you into any commitment with a contractor. This is an application that will allow us to proceed with your request to finance your improvement(s). If approved, all owners with at least a 10% interest in the business will be required to provide personal guarantees.

Please complete all fields. Incomplete applications will be returned to you for completion. Only commercial work that has not been started is eligible for financing. Upon completion of the application, please submit all requested items to:

Energy Finance Solutions, 431 Catalyst Way, Madison, WI 53719, or fax to 608-249-5788 **Business Information** Business Name DBA **Business Classification** Tax ID Number **Business Phone Number** \square Corporation \square LLC \square LLP \square Partnership \square Other Date Established Is the business Classified as a non-profit? State of Incorporation Yes Key Contact Name Key Contact Phone Number Key Contact Email **Building Information** Physical Address, City, State and Zip Mailing Address (if different than physical address) % Tenant/Leased Space **Building Type** Primary Building Use Type Number of Units Occupants **Utility & Contractor Information** Electric Utility Company Account Number Name on Account Gas Utility Company Account Number Name on Account Contractor Ownership (Provide information for all owners with 10% or more ownership in the business) Primary Residence Address, City, State and Zip Owner's Name Title Mailing Address, City, State and Zip % of Ownership # Years Ownership Authorized to sign on behalf of business? Email Yes Owner's Name Primary Residence Address, City, State and Zip Title Mailing Address, City, State and Zip # Years Ownership Email % of Ownership Authorized to sign on behalf of business? Yes No Primary Residence Address, City, State and Zip Owner's Name Mailing Address, City, State and Zip Title % of Ownership Authorized to sign on behalf of business? Email # Years Ownership Yes No Primary Residence Address, City, State and Zip Owner's Name





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Title	Mailing Address, City, State and Zip				
Email		% of Ownership	# Years Ownership	Authorized to sign on bel	half of business? No
Owner's Name	Primary Residence Address, City, State and Zip				
Title	Mailing Address, City, State and Zip				
Email		% of Ownership	# Years Ownership	Authorized to sign on bel ☐ Yes ☐	half of business? No
By completing and submitting an application, I/we certify that I/we am/are of legal contracting age and that I/we have read, understood and agree to all of the terms stated here. I/We represent that the information I/we provide will be true, accurate and complete.					
I/We acknowledge that Elizabethtown Gas ("ETG") has retained Energy Finance Solutions ("EFS"), a service offered by Slipstream Group Inc. ("Slipstream"), to process this application and underwrite my/our On-Bill Repayment, and it is expected that, after the On-Bill Repayment has been approved and funded by EFS, EFS will transfer my/our On-Bill Repayment to ETG.					
In addition to the lender's requirements, you must meet certain eligibility standards established by the gas utility company in order to take advantage of the on-bill repayment program. At the time of application, EFS and Slipstream will verify your gas utility account number is valid, the gas utility account is active and current and that you meet the program specific requirements regarding the repayment of your gas utility bill.					
All businesses not publicly held or not a registered non-profit must complete ownership information located in this application for each person with an ownership interest of 10 percent or more in the business entity. These persons shall be jointly and severally responsible for the repayment of funds through the Elizabethtown Gas (ETG) On-Bill Repayment Program and will be required to sign a promissory note requiring repayment.					
By signing below, I certify I intend to apply for the Commercial and Industrial or Multi-family On-Bill Repayment Program in the manner indicated in this application and certify everything stated in this application and on any attachment is correct. ETG may keep this application whether or not it is approved. My signature also certifies the information on this application and all supporting documents is true, my intent is to apply for business purposes, and I am aware this application is not a commitment to lend. ETG reserves the right to accept or reject any On Bill Repayment Application in its sole discretion. EFS and Slipstream is hereby authorized to check the credit history of all persons and/or the associated business signing this application and to answer questions about ETG's credit experience with all such persons.					
To be eligible for financing, your work must be approved by the program and completed by an Eligible Contractor. The list of Eligible Contractors is provided on behalf of ETG as an informational source only. The publication or sharing of this list should not be considered, in any way, to be an endorsement, recommendation or promotion, either expressed or implied, of any of the Eligible Contractors listed therein. Accordingly, it is the customer's sole responsibility to investigate and determine the technical capabilities and reliability of the Eligible Contractors prior to entering into a contract for services provided by any Eligible Contractor. Customers agree that their selection of any of the Eligible Contractors on this list is completely voluntary and made without any recommendation, promise, guarantee, coercion, threat or force by ETG. By signing this contract, you expressly agree to the terms of the above disclaimer.					
If all or any part of the property or any interest in the property is sold or transferred without Elizabethtown Gas' prior written consent, the I/we will be in default and Elizabethtown Gas may require immediate payment in full of all money then owed under this on-bill repayment agreement. If the utility account is closed for any reason, Elizabethtown Gas may require immediate payment in full of all money then owed under this on-bill repayment agreement.					
The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, or age. Whether or not the undersigned have elected to sign this document electronically, EFS, and or any subsequent holders of this document, shall have the right to convert and store the manual signature electronically and the undersigned consents to the use of the electronically stored version in the same manner as an original signed copy. I understand and intend that a legal signature is formed by entering my name on this and other documents provided to me, and by entering my name on this and other documents provided in relation to this transaction I intend for my electronic signature to have the same force and effect as my manual signature. If any of the parties do not wish to sign this document electronically, all must opt out together and request a paper copy to sign manually.					
By entering my name below, I am creating a legally binding signature and confirm that I agree and accept the signature terms and conditions.					
Signature		Title		Date	
Signature		Title		Date	
Signature		Title		Date	
Signature		Title		Date	
Signature		Title		Date	