



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 53/19, or fax to 608-249-5/88										
	Information									
Business Name			DBA	DBA						
Business Classification			Tax I	D Number	Business I	Phone Number	-			
☐ Corporation ☐ LLC ☐ LL	P Partnership	□ Other								
State of Incorporation	Date Established		Is the business Classified as a non-profit? ☐ Yes ☐ No							
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)										
Building Type					% Tenant/Leased Space					
Primary Building Use Type			Num	ber 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)										
Owner's Name	Primary Residence Address, City, State and Zip									
Title	Mailing Address, City, State and Zip									
Email		% of Ownersh		# Years Ownership	Autho	Authorized to sign on behalf of business? ☐ Yes ☐ No				
Owner's Name	Primary Residence Address, City, State and Zip									
Title	Mailing Address, City, State and Zip									
Email	% of Ownersh		nip	# Years Ownership	Autho	Authorized to sign on behalf of business? ☐ Yes ☐ No				
Owner's Name	Primary Residence Address, City, State and Zip									
Title	Mailing Address, City, State and Zip									
Email		% of Ownersh	nip	# Years Ownership	Autho	orized to sign o	n behalf o □ No	f business?		
Owner's Name	Primary Residence	Address, City, S	State a	nd Zip	l					





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Title	Mailing Address, City, State and Zip								
Email		% of Ownership	# Years Ownership	_	on behalf of business?				
Owner's Name	Primary Residence Address, City, State and Zip								
Title	Mailing Address, City, State and Zip								
Email	,	% of Ownership	# Years Ownership		on behalf of business? ☐ No				
By completing and submitting an ap all of the terms stated here. I/We re					lerstood and agree to				
I/We acknowledge that South Jersey Gas ("SJG") 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 SJG.									
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 South Jersey Gas (SJG) 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. SJG 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. SJG 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 SJG'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 SJG 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 SJG. 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 South Jersey Gas' prior written consent, the I/we will be in default and South Jersey 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, South Jersey 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				