



NEW WAVE
Energy Corporation



Same bill. Same check. Lower rate!

Energy Supply Services: Request for Pricing Form

Ohio Customer Information- Electric & Natural Gas Rate Request Form					
Customer Business Name:					<input type="checkbox"/> Tax Exempt <input type="checkbox"/> Reduced Tax Rate ____%
Contact Name:					Type of Business: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Sole Proprietorship/Residency
Title:					
9-digit Tax ID#:					
Billing Address:					
City		State:		Zip:	
Phone:	Fax:				
E-mail					

In order to receive an accurate cost savings analysis please Fax or email this form with at least one month supply of billing statements. *NOTE Your account information is considered private and will not be disclosed

Electric:		
Illuminating Company	20 digit customer #	Service Address:
Ohio Edison	20 digit customer #	Service Address:

Natural Gas :		
Columbia Gas	15 digit customer #	Service Address:
Dominion Energy	13 digit account #	Service Address:



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