



National Grid Enhanced Metering Service

Enrollment Form for our Rhode Island Business Customers

Customer Name: _____

Account Number: _____

Customer Contact: _____

Contact Telephone Number: _____

Contact Email Address: _____

Service Address: _____

Billing Name: _____

Billing Address: _____

City/State/Zip: _____

Meter Location Phone Number: _____

Customer Energy Solutions Contact: _____ Extension: _____

<p>One Time Fee*</p> <p>Modem Service.....\$356.41 ⁽¹⁾</p> <p>Pulse Service.....\$183.63 ⁽¹⁾</p> <p><small>(1) Includes The State of Rhode Island's Gross Earnings Tax.</small></p> <p>Sub Total: _____</p> <p>Total Charges: \$ _____</p>	<p>Notes:</p> <p><input type="checkbox"/> Customer is also requesting Energy Profiler Online - <i>(Complete separate form)</i></p> <p>Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Account Executive: _____

Email Address: _____

Phone Number: _____

Customer Signature: _____ Date: _____

Fax to your Account Executive at: _____



* Monthly Payment Plan Available