



Choice Supplier INFORMATION FORM

In order to process your request, please provide us with a copy of your CORPORATE PAPERS showing date and state of corporation as well as the ARTICLES OF ORGANIZATION or CERTIFICATE OF AUTHORITY signed by the Indiana Secretary of State which includes Indiana's State Seal.

Please complete the following information:

Company Name: _____

Doing Business As (if applicable): _____

Type of Business: _____

Site Address: Street: _____

City: _____ State: _____ Zip: _____

Site Phone: _____

What is the legal classification of your business?

- A. Corporation Corporation Date: _____
B. Limited Liability Corporation State: _____
C. Non Profit Organization

Federal Tax ID number: _____

List two Company Officers for Corporation / Non Profit Organization or Members for Limited Liability:

Name: _____ Title: _____
Address: _____ City: _____
Phone Number: _____ Fax: _____
Email: _____

Name: _____ Title: _____
Address: _____ City: _____
Phone Number: _____ Fax: _____
Email: _____

List contact for billing and payment information:

Name: _____ Title: _____
Address: _____ City: _____
Phone Number: _____ Fax: _____
Email: _____

Does the Choice Supplier desire to sell and assign to the Company (NIPSCO) its accounts receivable?

Yes _____ No _____

Who may we contact for Collateral requirements?

Contact Person with Title: _____

Contact Telephone: _____

Please verify mailing address (For monthly billing purposes):

Street: _____

City: _____ State: _____ Zip: _____

Completed By: _____ Title: _____

Phone: _____ Email: _____