



**Retail Electric Supplier
Registration Form**

Applicable to Alternative Retail Electric Suppliers, Customer Self Managers,
and Utilities serving as alternate suppliers.

**Transmission Services Business Center
Ameren Services Company
P.O. Box 66149, MC 333
St. Louis, MO 63166-6149**

**Phone: 888.AMEREN.1
FAX: 314.206.0600**

Date Submitted: _____ Customer Self Manager Retail Electric Supplier
Corporate Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____

Primary Contact Person: _____
Corporate Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____

Listing of Corporate Affiliates: _____
Dun & Bradstreet Number: _____ GS Sender ID: _____
Commercial Pricing Node (CPNode) Name: _____
Illinois Commerce Commission Certification Number (If applicable): _____
Date Last Certified: _____
Federal Tax Identification Number: _____
State Tax Identification Number: _____

COMPARABLE DELIVERY SERVICE ACCESS AREAS

If any areas of reciprocal delivery service access have been identified subject to
the requirements of 220 ILCS 5/16-115 (d)(5), please describe the location of the
service areas and identify the applicable utility or utilities:
