CUSTOMER ADVANTAGE ENROLLMENT FORM

NYSEG

Email: suppliers@nyseg.com

Please complete the entire form. Forms with incomplete information will not be processed.

SUPPLIER INFORMATION



Customer (Billing) Name (last name, first name)	NYSEG Acct #	Meter #	Supplier Acct #	Special Read Date	Extended Start Date	Morrization Date	*Rate Option*

*NOTE 1: Under the Rate Option column enter either BRO w/RAC or ERO

*NOTE 2: Place an S next to the rate option if customer has a special need. (Special Needs Customers may be elderly, blind, disabled or have medical emergencies)