

CUSTOMER ADVANTAGE TERMINATION FORM

NYSEG

Email: suppliers@nyseg.com

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

SUPPLIER INFORMATION

Supplier: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>
Supplier ID: <input style="width: 100%;" type="text"/>	Contact: <input style="width: 100%;" type="text"/>	Email or fax#: <input style="width: 100%;" type="text"/>

CUSTOMER INFORMATION

Customer (Billing) Name <small>(last name, first name)</small>	NYSEG Acct # <small>(15 Digits) No Dashes</small>	Meter #	Supplier Acct #	Termination Date		Termination Type <small>(see below)</small>
				Next Read	Special Read \$20	

Termination Type
V = Voluntary
I = Involuntary