



# Owatonna Public Utilities Partnering in Energy Solutions Program

## Customer Billing Payment Approval Form

Customer Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Customer Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Energy Solutions Partner: \_\_\_\_\_

### ***Internal OPU Checklist***

OPU Credit History Review:

**24 Month Billing History**                      Yes (see attached) \_\_\_\_\_      No \_\_\_\_\_

**Have there been:**

|                                    |           |          |
|------------------------------------|-----------|----------|
| <b>Collections on the account?</b> | Yes _____ | No _____ |
| <b>Delinquent notices?</b>         | Yes _____ | No _____ |
| <b>NSF checks?</b>                 | Yes _____ | No _____ |
| <b>Disconnects?</b>                | Yes _____ | No _____ |

**Are there any other known issues with the account that affect credit worthiness?**

Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was a Credit Report required?**      Yes (see attached) \_\_\_\_\_      No \_\_\_\_\_

#### **For Office Use Only**

OPU Credit History By: \_\_\_\_\_

Customer Billing Payment is approved by Partnering in Energy Solutions Coordinator:

\_\_\_\_\_ Date: \_\_\_\_\_