



Dear Consumer:

Thank you for your Automatic Service Transfer (AST) Agreement inquiry. By completing the new AST Agreement, service will not be interrupted when the current occupant requests a cancellation or disconnection of service.

Please provide the requested information, sign and return the Agreement to establish the automatic transfer of service into your name when the occupant requests a final bill or disconnect.

The agreement is specific to the service specified herein, and will remain in effect until you request the AST Agreement terminated.

This form can be returned via e-mail to customercare@holycross.com. It can also be returned by mail or fax to the appropriate location listed below. Please contact our office if you have any questions.

Sincerely,

Holy Cross Energy
Consumer Service Department

**Holy Cross Energy
Glenwood Spring Office**
3799 Hwy 82
P.O. Box 2150
Glenwood Springs, CO 81602
Office: (970)945-5491
Fax: (970)947-5465

**Holy Cross Energy
Avon Office**
41226 Hwy 6 & 24
P.O. Box 972
Avon, CO 81620
Office: (970)949-5892
Fax: (970)949-4566



Automatic Service Transfer Agreement

Account Number: _____
Service Address: _____
Applicant/Owner: _____
Mailing Address: _____
E-Mail Address: _____
Phone Number: _____

<u>OFFICE USE ONLY</u>
Map Location: _____
Meter Number: _____
Customer Number: _____

I hereby request that Holy Cross Energy, a Colorado corporation, (herein 'Holy Cross') to leave the electric service to the premise described above connected in my name in the event that anyone other than myself orders it disconnected, unless the order of disconnection be by judicial and/or lawful mandate.

I agree to pay a Security Deposit upon request, and assume responsibility for electric bills rendered in my name as a result of the Agreement. Further, I agree to save harmless and indemnify Holy Cross from and against any liability resulting from this Agreement.

I agree to notify Holy Cross by telephone, letter, or in person in the event the service is to be DISCONNECTED INSTEAD OF TRANSFERRED.

Holy Cross Agrees to read the meter and perform the change in billing records on or as near practical to the date requested by the consumer of record, tenant or current occupant of the premises described. Any dispute as to date of vacancy, lease or rent arrangements is the responsibility of the applicant.

Holy Cross agrees to notify, in writing, the applicant when each instance of automatic transfer is made.

This Agreement does not apply where the service is disconnected for NON-PAYMENT of bills.

The Connect/Transfer fee of \$25.00 per occurrence, and Security Deposit, if required, will be added to the first bill, or may be requested upon start of service.

**THE TERMS OF THIS AGREEMENT WILL REMAIN IN EFFECT INDEFINITELY UNTIL
WRITTEN NOTICE OF TERMINATION BY EITHER PARTY.**

Date: _____ Applicant Signature: _____

ASSIGNMENT: I hereby appoint and assign on my behalf:

Name: _____
Address: _____
Business Phone: _____
Relationship: _____

_____ Please deliver bills to my agent
(initial)

<u>OFFICE USE ONLY</u>
<input type="checkbox"/> ENV _____
<input type="checkbox"/> INV _____
<input type="checkbox"/> TAX EX _____