

Dear Member:

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 <u>membercare@holycross.com</u>. 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 Member Service Department

Glenwood Springs Headquarters:

3799 Hwy 82 P.O. Box 2150 Glenwood Springs, CO 81602 Phone: 970-945-5491 Fax: 970-947-5465

Eagle/Vail District Office:

41226 Hwy 6 & 24 P.O. Box 972 Avon, CO 81620 Phone: 970-949-5892 Fax: 970-949-4566



Automatic Service Transfer Agreement

Account Number:	
Service Address:	OFFICE USE ONLY
Applicant/Owner:	
Mailing Address:	Map Location:
	Meter Number:
E-Mail Address:	Member Number:
Phone 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 member 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 \$10.00 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.

Applicant Signature:	Date:	
ASSIGNMENT:		
Name:		
Address:	<u>OFF</u>	ICE USE ONLY
Business Phone:		ENV
Relationship:		NV TAX EX
Please deliver bills to my agent (initial)		