



NEW YORK COMMUNITY SOLAR SUBSCRIPTION AUTHORIZATION FORM

Please complete and submit this form to authorize enrollment. All fields are required unless specified optional.

First & Last Name or Business Name			
Service Address	Street:		
	City:	State:	Zip:
Billing Address <input type="checkbox"/> Check box if same as above	Street:		
	City:	State:	Zip:
Phone Number	()		
E-mail Address			
Date of Birth (MM/DD/YYYY)			
National Grid Account Number	_ _ _ _ _ - _ _ _ _ _ <i>Account number is located on top of every page of National Grid bill</i>		
Do you currently have solar panels installed on your roof or property?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

By checking this box, you authorize Solar Simplified, its affiliates, and/or its agents to make telemarketing calls and/or send marketing text messages through use of artificial or pre-recorded voice messages or through use of an automatic telephone dialing system. Consent is optional and not a condition of purchasing property, goods or services. You understand data and message rates may apply. You may withdraw your consent to receive marketing calls and text messages by calling 888-420-9831 or reply "STOP" to any marketing text message we send you.

By signing below, I acknowledge that I am the account holder, or an authorized person, of the electric utility account listed above; I have read and agree to the Terms of Service Agreement and Disclosure Statement that are available for viewing at www.solarsimplified.com/terms; and I am authorizing Solar Simplified to act on my own behalf for the purpose of enrolling the electric utility account listed above in a registered NYSERDA community solar project, including, but not limited to, signing, using/sharing customer account information as necessary to process enrollment with community distribution generation providers and utility, and activation/deactivation of community solar services/products. This authorization is effective from the date referenced below and shall remain in effect until this authorization is canceled.

Name of Account Holder or Authorized Person

Signature of Account Holder or Authorized Person

Date

PLEASE MAIL THIS COMPLETED AND SIGNED FORM TO SOLAR SIMPLIFIED BY USING THE ENCLOSED PREPAID RETURN ENVELOPE. ONCE ENROLLED, YOU WILL RECEIVE A COPY OF THE CUSTOMER DISCLOSURE STATEMENT AND TERMS OF SERVICE AGREEMENT. FOR QUESTIONS, PLEASE CALL 888-420-9831.