



On Bill Repayment APPLICATION

Apply online at www.energyfinesolutions.com

This is not a contract for an on bill repayment nor does it lock you into any commitment with a contractor. This is an application that will allow us to proceed with your request to finance your improvement(s). This will include reviewing your credit history.

Please complete all fields. Incomplete applications will be returned to you for completion. If additional information is needed, you will be notified of the specific documentation required to process your application. Only residential work that has not been started is eligible for financing. Upon completion of the application, please submit all requested items to:

Energy Finance Solutions, 431 Charmany Drive, Madison, WI 53719 or fax to 608-249-5788

SECTION A – INDIVIDUAL APPLICANT INFORMATION				
Title	Last Name	First Name	MI	Suffix
Birth Date	Social Security Number	Phone Number		
Installation Address (where home improvements are to be made)		Unit #	City	State Zip
Do you currently <input type="checkbox"/> Own <input type="checkbox"/> Rent	Yrs at Current Address	Do you reside at the above installation address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dwelling Type (Multi (3 units +) does not qualify) <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Other	
Current Address (if different than the above installation address)		City	State	Zip
Mailing Address (if different than the above current address)		City	State	Zip
SECTION B – JOINT APPLICANT				
Complete only for joint credit (If Joint Applicant is a Co-Borrower/Spouse then they must own and occupy the home at the above installation address.)				
Title	Last Name	First Name	MI	Suffix
Birth Date	Social Security Number	Phone		
Current Address (if different than the above installation address)		City	State	Zip
Do you currently <input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at Current Address	Do or will you own and reside at the above installation address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION C – UTILITY INFORMATION				
Electric Utility Co.	Gas Utility Co.	Water Heating Fuel Type (select one) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Other	Space Heating Fuel Type (select one) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Electric Utility Account Number:	South Jersey Gas Account Number:	If you're not currently a SJG customer, will you become a customer as a result of the improvements you plan to make and pay for with this financing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been a customer of South Jersey Gas for at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION D – MEASURES INSTALLATION INFORMATION				
(Please print clearly and include a copy of your contractor's estimate, if available at this time.)				
Measure(s) To be Installed	Efficiency Level	Contractor Doing the Work (name/address)	\$	Total Cost *
			\$	
			\$	
TOTAL COST:			\$	
*include any associated costs such as venting, wiring, or other electrical work, warranties, etc.				



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SECTION E – DISCLOSURES & SIGNATURE(S)

By completing and submitting an application, I/we certify that I/we am/are of legal contracting age and that I/we have read, understood and agree to all of the terms stated here. I/We represent that the information I/we provide will be true, accurate and complete.

I/We acknowledge that South Jersey Gas ("SJG") has retained Energy Finance Solutions ("EFS"), a service offered by Slipstream Group Inc. ("Slipstream"), to process this application and underwrite my/our On Bill Repayment and it is expected that, after the On Bill Repayment has been approved and funded by EFS, EFS will transfer my/our On Bill Repayment to SJG.

I/We understand and authorize EFS and Slipstream to start a credit investigation based on the information voluntarily provided by me/us. This application reflects all my/our current debts and my/our signature(s) below authorizes EFS, Slipstream, or a lender of choice, to obtain credit reports in connection with my/our On Bill Repayment request. If necessary, I/we further agree to provide additional information to EFS, Slipstream, or lender of choice, to underwrite my/our request. I/We further understand and authorize EFS and Slipstream to retain this application whether or not it is approved. In addition, if this application is approved and the On Bill Repayment I/we have requested is made, I/we also authorize SJG and its employees and agents to share such information concerning: my/our electric and/or gas utility usage and billing information; the charges payable by me/us under the promissory note that I/we will sign; and other non-public information that I/we provided.

In addition to the lender's requirements, you must meet certain eligibility standards established by the gas utility company in order to take advantage of the on bill repayment program. At the time of application, EFS and Slipstream will verify your gas utility account number is valid, the gas utility account is active and current and that you meet the program specific requirements regarding the repayment of your gas utility bill.

I/We understand and agree that EFS and Slipstream do not guarantee the security of any data submitted electronically and will not be held responsible or liable for interception by third parties. I/We understand and agree that in no event will EFS or Slipstream be liable for any technical, hardware or software failure of any kind, any interruption in the availability of this service, any delay in operation or transmission, any incomplete transmission, computer virus, loss of data, or other similar loss.

To be eligible for financing, your work must be approved by the program and completed by an Eligible Contractor. The list of Eligible Contractors is provided on behalf of SJG as an informational source only. The publication or sharing of this list should not be considered, in any way, to be an endorsement, recommendation or promotion, either expressed or implied, of any of the Eligible Contractors listed therein. Accordingly, it is the customer's sole responsibility to investigate and determine the technical capabilities and reliability of the Eligible Contractors prior to entering into a contract for services provided by any Eligible Contractor. Customers agree that their selection of any of the Eligible Contractors on this list is completely voluntary and made without any recommendation, promise, guarantee, coercion, threat or force by SJG. By signing this contract, you expressly agree to the terms of the above disclaimer.

If all or any part of the property or any interest in the property is sold or transferred without South Jersey Gas's/Elizabethtown Gas's prior written consent, the I/we will be in default and South Jersey Gas/Elizabethtown Gas may require immediate payment in full of all money then owed under this on bill repayment agreement. If the utility account is closed for any reason, SJG/ETG may require immediate payment in full of all money then owed under this on bill repayment agreement.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, or age.

Whether or not the undersigned have elected to sign this document electronically, EFS, and or any subsequent holders of this document, shall have the right to convert and store the manual signature electronically and the undersigned consents to the use of the electronically stored version in the same manner as an original signed copy.

I understand and intend that a legal signature is formed by entering my name on this and other documents provided to me, and by entering my name on this and other documents provided in relation to this transaction I intend for my electronic signature to have the same force and effect as my manual signature. If any of the parties do not wish to sign this document electronically, all must opt out together and request a paper copy to sign manually.

By entering my name below, I am creating a legally binding signature and confirm that I agree and accept the signature terms and conditions.

Applicant's Signature	Date	Joint Applicant's Signature	Date
Applicant's Email Address		Joint Applicant's Email Address	