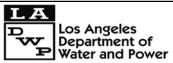
LADWP PowerClerk User Account Request Form



Please complete and email to ladwpSIP@energycenter.org

| User Information | | | | | |
|--------------------------------|------------------------|------------------|----------------|------------------|--------|
| First Name | Last Name | Job Title | | Email Address | |
| Company Name | Phone Number | Phone No | umber | | |
| Address Information | | | | | |
| Address | City | Zip | Code | State | |
| Address Line 2 | | | | | |
| Mailing Address (If different) | City | Zip | Code | State | |
| Address Line 2 | | | | | |
| Please circle at least or | ne of the following a | pplicable prog | ram roles | | |
| | Applicant F | Payee In | <u>staller</u> | <u>Seller</u> | |
| Please complete this so | ection if you are an I | Installer | | | |
| License Class: | License #: _ | | Expires | : | |
| Please circle the tax sta | atus option below th | nat applies to y | o u | | |
| <u>Individual</u> | Corporation | LLC (Corp | oration) | LLC (Non-Corpora | ation) |
| | <u>Partnership</u> | Sole Propi | <u>rietor</u> | Tax Exempt | |
| Name: | Signature: | | | Date: | |
| | | | | | |