|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CUSTOMER PROFILE | | | | | | | | |
| Business Name: |  | | | | | Date: | | |
| Business Phone: |  | | | ***% of Utility Load (kWh):*** | |  | | |
| Physical Street Address: | |  | | | | | | |
| Corporate Office Location: | |  | | | | | | |
| Other Locations (Cities/States): | |  | | | | | | |
| Products Produced Locally: | |  | | | | | | |
| Year Established in Community: | |  | **# of Local Employees:** | |  | | **# of Shifts:** |  |

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| --- | --- | --- | --- |
| Energy Account Information | | | |
| # of Electric Meters: | **BILLING CLASS**: Commercial or Industrial | | **POWER FACTOR** charged? |
| TRANSFORMER OWNER: utility or customer | | **Other Utility Services offered**: water, wastewater or natural gas | |
| Onsite Generation: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Growth & Sustainability Goals | | | | | |
| Expansion Plans: |  | | | | |
| Current DERs (solar, wind): |  | | | | |
| New DER Plans: |  | | | | |
| *Bright Energy Choices (RECs):* | |  | **Local/Corp. Sustainability or Environmental Goals?** | |  |
| Other Information | | | | | |
| MRES Ranking: Top 100, Top 200, or none | | | | **BES PARTICIPATION:** | |
| MRES Preventive Maintenance: Compressed Air Leak Survey, Infrared Scanning, Motor Testing, or Rapid Imaging | | | | | |

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| Internal Equipment & Processes | | | |
| **Air Compressor** | System Type: | HP Size: | VFD Controlled: |
| **Air Compressor** | System Type: | HP Size: | VFD Controlled: |
| **Air Compressor** | System Type: | HP Size: | VFD Controlled: |
| **Forklifts** | YES / NO | # of Electric: | # other fuel types |
| **Lighting** | LED or Fluorescent | | |
| **HVAC System Type** |  | | |
| **Painting Process** | YES / NO | | |
| **Curing or Drying Process** | YES / NO Natural Gas, Electric, or Infrared | | |
| **Refrigeration/Cold Storage** | YES / NO | | |
| **Plastics Man. Process** | YES / NO | Molding | Extrusion |
| **Laser Cutting** | YES / NO | | |
| **Welding** | YES / NO | | |
| **Vehicle Fleet** | YES / NO | Quantity: | EVs: |
| **EV Chargers** | YES / NO | # Level 2: | # Level 3: |
| **Other Information** |  | | |
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| Key Account Contacts *(try to get 3 deep)* | | | |
| Local Plant Manager/CEO: |  | | |
| CONTACT 1: | | | |
| Name: |  | | |
| Title: |  | | |
| Address: |  | | |
| Phone: | | | **Mobile Phone:** |
| Email: |  | | |
| Preferred Contact Method: | | | |
| CONTACT 2: | | | |
| Name: |  | | |
| Title: |  | | |
| Address: |  | | |
| Phone: | **Mobile Phone:** | | |
| Email: |  | | |
| Preferred Contact Method: |  | | |
| CONTACT 3: | | | |
| Name: | | | |
| Title: |  | | |
| Address: |  | | |
| Phone: | | **Mobile Phone:** | |
| Email: |  | | |
| Preferred Contact Method: |  | | |

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| Additional Notes: |
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