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| 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: |

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| 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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