



## Choice Supplier INFORMATION FORM

In order to process your request, please provide us with a copy of your CORPORATE PAPERS showing date and state of corporation as well as the ARTICLES OF ORGANIZATION or CERTIFICATE OF AUTHORITY signed by the Indiana Secretary of State which includes Indiana's State Seal.

**Please complete the following information:**

**Company Name:**

**Doing Business As (if applicable):**

**Type of Business:**

**Site Address:**

**Site Phone:**

**What is the legal classification of your business?**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**A. Corporation**

**B. Limited Liability**

**C. Non Profit Organization**

**Federal Tax ID Number:**

**Corporation Date:**

**Corporation State:**

**List two Company Officers for Corporation / Non Profit Organization or Members for Limited Liability:**

**Name:**

**Title:**

**Address:**

**Phone Number:**

**Email:**

**List contact for billing and payment information:**

**Name:**

**Title:**

**Address:**

**Phone Number:**

**Email:**

**Does the Choice Supplier desire to sell and assign to the Company (NIPSCO) its accounts receivable?**

☐ **Yes**

☐ **No**

**Who may we contact for Collateral requirements?**

**Name:**

**Title:**

**Address:**

**Phone Number:**

**Email:**

**Please verify mailing address (For monthly billing purposes):**

**Address:**

**Completed By:**

**Title:**

**Phone:**

**Email:**