



An Exelon Company

Delmarva Power  
P.O. Box 1739  
Salisbury, MD 21802

# EnergyDiscountsforGrowing Enterprises (EDGE) Application

**Please check all that apply:**

- New service
- Existing customer expansion

**BUSINESS INFORMATION**

Name of new business being established or existing business being expanded:

\_\_\_\_\_

Account number (expansion customers only): \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Service address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Is the company relocating?  Yes  No

If yes, what/where was the previous location? \_\_\_\_\_

*Electric service must begin within 24 months of your stated commitment date.*

**EMPLOYMENT IMPACT**

**Expansion Only Customers:**

Current number of full-time employees: \_\_\_\_\_ Total anticipated number of new full-time employees: \_\_\_\_\_

Anticipated hire date for future new full-time employees: \_\_\_\_\_

**New Service Only Customers:**

Anticipated number of full-time employees: \_\_\_\_\_

Anticipated hire date for ALL full-time employees: \_\_\_\_\_

**PROPERTY INFORMATION**

Address of property for which benefits are being sought:

\_\_\_\_\_

Service Request Number (as provided in the New Service Application process): \_\_\_\_\_

**New Service Only Customers:**

Anticipated electric load: \_\_\_\_\_ (must be in **KW** and same as stated on service application)

**Expansion Only Customers:**

Current electric load: \_\_\_\_\_

Anticipated new electric load: \_\_\_\_\_ (must be in **KW** and same as stated on service application)

Check one and provide the total square footage:

Expansion space     Purchased space     Leased space    Square footage: \_\_\_\_\_

Discounts for qualifying customers will be applied to actual usage and not estimates.

### APPLICANT CERTIFICATION AND SIGNATURE

The person signing this application certifies all information contained herein is true and correct to the best of his/her knowledge and information and represents that he/she is duly authorized and has the legal capacity to execute and deliver this application. The person signing this application also acknowledges that failure to meet the requirements as applicable, including the requirement to annually certify that the applicant customer continues to meet such requirements, will result in termination of ongoing price reductions and extension charge discounts and may result in an obligation to reimburse any price reductions and extension charge discounts previously granted.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION SUBMISSION INSTRUCTIONS

Complete this application and send a signed copy (PDF preferred) by email to [edge@delmarva.com](mailto:edge@delmarva.com)

For more information: 1-833-263-3343 (1-833-263- EDGE) or [www.delmarva.com/edgemd](http://www.delmarva.com/edgemd)

For Internal Use Only  
WMIS Number: \_\_\_\_\_

### TO BE COMPLETED BY REVIEW PANEL

By signing below, the members of the \_\_\_\_\_ Panel certify that they have read the application and any other related material provided by the applicant or Delmarva Power and agree that the applicant meets the requirements set forth.

Signature of authorized approver/reviewer: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of manager of customer accounts: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Each person signing this agreement certifies all information is true and correct to the best of his/her knowledge and represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this agreement. Each party represents and warrants to the other that the execution and delivery of the agreement and the performance of such party's obligations hereunder have been duly authorized and that the agreement is a valid and legal agreement binding on such party and enforceable in accordance with its terms.