VECTREN ENERGY DELIVERY OF OHIO, INC. (VEDO)
Vectren Choice Program
Supplier Registration Form and Credit Application

Please forward this completed and signed Supplier Registration Form and Credit Application to the following address:

<table>
<thead>
<tr>
<th>Vectren Energy Delivery</th>
<th>For Internal Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTN: Larry Kunkle</td>
<td>Date Application Received:_______</td>
</tr>
<tr>
<td>Manager, Contracts</td>
<td></td>
</tr>
<tr>
<td>1111 Louisiana Street</td>
<td></td>
</tr>
<tr>
<td>Houston, TX  77002</td>
<td></td>
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<tr>
<td><a href="mailto:CERCContracts@centerpointenergy.com">CERCContracts@centerpointenergy.com</a></td>
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</tr>
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</table>

Please provide the following information. Partial or incomplete applications may result in delays in processing or denial.

1. Applicant’s Full Legal Name: _______________________________________________________

2. d/b/a Name of Applicant (if applicable): ___________________________________________

3. Provide Articles of Incorporation for Applicant or d/b/a of Applicant:

4. Legal form of Entity: (Please check one) Corporation____ Limited Liability Company____
Partnership____ Sole Proprietorship______ Other ____ (please specify)____________________.
State of Incorporation or organization:___________________________________________

5. Number of years Applicant has been operating _____________________________________

6. Application Coordinator (Who is the primary contact for questions related to the Application)

   First and Last Name _____________________________________________________________
   Title ______________________ _________________________________________________
   Address _________________________________________________________________
   City, State, Zip Code ______________________________________________________
   E-mail Address _____________________________________________________________
   Telephone _________________________________________________________________
   Facsimile _________________________________________________________________

7. Credit or Financial Contact Person

   First and Last Name _____________________________________________________________
   Title ______________________ _________________________________________________
   Address _________________________________________________________________
   City, State, Zip Code ______________________________________________________
   E-mail Address _____________________________________________________________
   Telephone _________________________________________________________________
   Facsimile _________________________________________________________________
8. Nominations Contact Person

First and Last Name ___________________________________________  
Title  ______________________  ____________________________________  
Address  ______________________________________________________  ____  
City, State, Zip Code _________________________________________  _________________  
E-mail Address  _______________________________________________  ___________  
Telephone  ____________________________________________________  ______  
Facsimile  _________ _________________________________________________  

Secondary Nominations  
Contact Person’s Name  __________________________________________________________  
Title  ______________________  ____________________________________  
Address  ______________________________________________________  ____  
City, State, Zip Code _________________________________________  _________________  
E-mail Address  _______________________________________________  ___________  
Telephone  ____________________________________________________  ______  
After Hours Telephone  __________________________________________________________  
Facsimile  _________ _________________________________________________  

10. Capacity is being released to Applicant: ____Yes or _____ No  (Must indicate one)  

If no, VEDO’s Tri-Party Capacity Release Agreement must be submitted with this application:  

a. Person(s) Accepting Capacity Releases:

First and Last Name ___________________________________________  
Title  ______________________  ____________________________________  
Address  ______________________________________________________  ____  
City, State, Zip Code _________________________________________  _________________  
E-mail Address  _______________________________________________  ___________  
Telephone  ____________________________________________________  ______  
Facsimile  _________ _________________________________________________  

11. Ohio Competitive Retail Natural Gas Marketer Certificate:  
Case No(s)________________________  
Effective Dates  
Valid CRNG Certificate must be submitted with the registration.  

12. Applicant Financial Information  

A. If the Applicant is a partially or wholly owned subsidiary, identify the percentages of ownership,  
Legal Names and States of Incorporation for all Parent Companies  
_______________________________________________________________________________  
_______________________________________________________________________________  
__________________________________________________________
B. If the Parent Company or Companies identified in “10A” are providing credit support for the Applicant (e.g., a Parental Guaranty), please provide the full legal name of the Parent Company.

____________________________________

C. Attach valid and current copies of the Applicant’s senior unsecured and/or issuer ratings (or the Applicant’s Parent’s as applicable) as assigned by Standard & Poor’s Corp., Moody’s Investors Service, and/or Fitch ratings.

D. Available Lines of Credit and Bank Facilities.

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Please list all financial covenants if applicable.

E. Attach copy of most recent audited financial statements with notes containing management’s discussion and analysis for the prior two years for Applicant and/or Guarantor(s) if applicable. If the Applicant and/or Guarantor(s) have SEC filings (10Q, 10K), please check box below and submission of SEC filings will not be required.

☐ Applicant and/or Guarantor(s) financial information can be obtained from SEC filings.

F. Attach a description of obligations and amount of claims on related cash flow during the next 2 years, including but not limited to: margin requirements and rating triggers, off balance sheet financing obligations and/or joint venture funding requirements.

G. List the Creditors that currently hold a secured interest in the company’s Accounts Receivables:

| Name of Creditor(s) | Address | Phone Number |
13. Supplier’s DUNS No. (9 standard digits + 4 optional): ________________________________

14. Eligible Customer List Election (Must Choose One)
   ______ No Customer list
   ______ Annual Option ($0.08 for each name on the initial list and 3 free quarterly updates)
   ______ On-Demand List Option ($0.05 for each name on the list, lists are updated quarterly)

   Eligible customer lists provided by VEDO contains the following:
   • Customer Name
   • Service Address
   • Mailing Address
   • Budget Bill Indicator
   • Meter Reading Cycle Number
   • Consumption History for previous 12 months

   Exclusions:
   • Active PIPP (Percentage of Income Payment Plan) Customers
   • Customers with past due balances that have not entered into a payment arrangement
   • Customer that have requested to be excluded
   • Customer that consume >150,000 Ccf annually
   • Customers already enrolled in Choice
   • Customers’ telephone numbers will not be provided to Suppliers to protect our customers’ privacy.

15. Pooling Intentions (Must Choose One)
   ______ All Mercantile and Non-Mercantile customers should be combined into one pool.
   ______ Mercantile Only
   ______ Non-Mercantile Only

16. Address to receive monthly Supplier statement:
   First and Last Name ________________________________________________________________
   Title   ____________________________________________________________
   Address  ____________________________________________________________
   City, State, Zip Code ________________________________________________
   E-mail Address   ______________________________________________________
   Telephone   ________________________________________________________
   Facsimile   __________________________________________________________

17. Supplier contact information to be presented on customers’ bills and Vectren’s website:
   Company Name __________________________________________________________
   Address   __________________________________________________________
18. Billing Option (Must choose one)
   ______ Consolidated Billing (Vectren bills Choice Supplier charges on behalf of Choice Supplier)
   ______ Dual Billing (Choice Supplier bills Choice Supplier charges)

Representations:

I certify that the information submitted as a part of this application is accurate and that the individual signing the Choice Program Agreement has the capacity to enter into the contract on behalf of the Applicant. I also certify that the Applicant:

   a) is not operating under any chapter of the bankruptcy laws and is not subject to liquidation or debt reduction procedures under state laws, such as an assignment for the benefit of creditors, or any informal creditors’ committee agreement;
   b) is not aware of any change in business conditions, which could cause a substantial deterioration in its financial condition, a condition of insolvency, or the inability to exist as an ongoing business entity;
   c) has no collection lawsuits or judgments outstanding which would materially affect the Applicant’s ability to remain solvent;
   d) is not subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Applicant’s and/or Parent’s financial condition;
   e) is not currently in default, nor has defaulted in the previous 24 months as a supplier to any other LDC system;
   f) herein authorizes Vectren Energy Delivery of Ohio, Inc. to obtain any information that may be required relative to this application from any source, including the Applicant’s financial and trade references; and
   g) has a phone line and computer available to access Vectren’s Extranet (EBB).

Applicant herein authorizes Vectren Energy Delivery of Ohio, Inc. to obtain any information it may require relevant to its review of this application, from any source including the Applicant’s financial and trade references listed herein.

Applicant further acknowledges its continuing duty to update the information provided in this Application, when requested to do so by Vectren.

The undersigned acknowledges that the information presented on this Application is true and accurate to his/her best knowledge and that this person has the authority to complete this Application.

________________________
Printed Name and Title

________________________
Signature

________________________
Date
STATE OF ___________________ )
COUNTY OF____________________)  

Before me, the undersigned, a Notary Public, within and for said County and State, came ________________________ (Applicant’s name), a ______________ (type of entity) organized and existing under the laws of the State of __________________, by ____________________________ (name of person signing), its ______________________ (title of person signing), who as such ____________________________ (title of person signing), for and on behalf of said Applicant, acknowledged the execution of the foregoing instrument.

WITNESS my hand and Notarial Seal, this __________ day of _______________, 201_.

I reside in _____________________ County,                                             Notary Public
State of __________, and my commission expires: _____________________.

__________________________________  
(Printed)