

**ALTERNATIVE ELECTRIC SUPPLIER REGISTRATION APPLICATION
for Competitive Energy Services in
Indiana Michigan Power Company, dba American Electric Power**

Application for Alternative Electric Supplier (AES) registration ONLY as a licensed AES in the Indiana Michigan Power Company (the "Company") rate jurisdiction. The Applicant shall email this completed and signed application and accompanying financial information to:

michiganchoiceoperations@aep.com

The Applicant will not be registered to be an AES in the Company service territory until the Applicant's application is approved, all applicable agreements are executed, and all other registration requirements are completed. A non-refundable registration fee of \$100.00 will be assessed once this application and subsequent renewal applications are received.

1. Applicant

AES Name (Legal Name) _____
State of Incorporation _____ Years in Business _____
Federal Tax ID _____ D&B Duns # _____
Trade Name (if different from
Legal Name) _____
Registered Agent _____

Entity Type Corporation - Public
 Corporation - Private
 Partnership (attach list of general partners)
 Limited Liability Company
 Other (Please indicate type below)

NERC ID _____

Parent Company Information:

Parent Company Name _____ State of Incorporation _____
Internet Web Site _____

Primary Contact:

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____

2. Alternative Electric Supplier Information

Billing Provider Information:

Name _____
Address _____
City, State, Zip Code _____

Billing Type (Select only
one option for all your
Customers) Dual Billing (Both AES and the Company Bill Customer Separately)
 Bill Ready Company Consolidated Billing

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Customer Class(es) to be Served. (Mark all to be included on list provided to customers.)

Residential
 Commercial
 Industrial

Maximum anticipated Peak Summer Load _____ (In MW)

PJM Account Information:

PJM Short Name*: _____

PJM Long Name: _____

Org ID: _____

* PJM account must be specific to only Indiana Michigan Power Company load
(Michiganchoiceoperations@aep.com must be notified of any changes to the above PJM information)

Scheduling Contact Information (multiple contacts are permitted)

First and Last Name _____

Title _____

Telephone _____

E-mail Address _____

Applicant's Michigan Public Service Commission License Number: _____

3. Bank Transfer Information

Bank Name: _____ ABA No.: _____

Contact: _____ Account No.: _____

Address: _____ Telephone: _____

City, State, Zip Code: _____

Account Type: (Select One) Direct Deposit Checking Direct Deposit Savings

Name on Account: _____

Payment Method: Automated Clearing House

4. Credit Information

Credit or Financial Contact Person

First and Last Name _____

Title _____

Address _____

City, State, Zip Code _____

E-mail Address _____

Telephone _____

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5. Financial And Credit Requirements

Indiana Michigan Power will assess the credit risks associated with each applicant and at its sole discretion, determine the appropriate collateral that it will require of the applicant, if any. Collateral may be reassessed at any time based on a change in financial risks. Please refer to the Company's Retail Tariff for additional information.

Provide the following information for the applicant or its guarantor (if applicable):

- a) Three most recent years of audited financial statements (balance sheet, income statement, and cash flow statement) or SEC Form 10-K. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted). If this is applicant's first year in business then the applicant may provide two years of forecasted financial statements (balance sheet, income statement, and cash flow statement), along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecast should be in an annualized format for the two years succeeding the Application year.
- b) Most recent quarterly unaudited financial statements or monthly financial information (including a balance sheet, income statement, and cashflow statement) accompanied by an attestation by Applicant's Chief Financial Officer that the information submitted is true, correct and a fair representation of Applicant's financial condition or most recent SEC Form 10-Q.

(Insert N/R if not rated)

- | | | | | |
|--|------------------|----------------|-----|-------|
| c) Senior Unsecured Debt Rating
(or, if unavailable, Corporate Issuer Rating) | Moody's
Fitch | _____
_____ | S&P | _____ |
| d) Parent's Senior Unsecured Debt Rating (or, if unavailable, Corporate Issuer Rating) | Moody's
Fitch | _____
_____ | S&P | _____ |

- e) Provide a description of the applicant's corporate structure (not an internal organizational chart), including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

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6. Representations

Applicant

Parent

Is the Applicant and/or its parent

Yes

No

Yes

No

a) Operating under federal bankruptcy laws?

b) 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?

c) Subject to collection lawsuits or outstanding judgements which could impact solvency?

Attach information for any items above marked "Yes".

Disclose all prior bankruptcies of Applicant and its parent.

7. Financial Security Arrangements

When applicable, if the Applicant does not provide the Company with adequate evidence of creditworthiness, the Applicant must provide and maintain financial security in a form and amount acceptable to the Company. Financial security formats are located on Indiana Michigan Power's website at <https://www.indianamichiganpower.com/account/service/choice.aspx>. Any changes to the prescribed security format must be approved by the Company prior to issuance. Please check the form of financial security proposed to be posted and provide additional information as requested below.

___ Cash

___ Guaranty

Guarantor's Legal Name _____

Senior Unsecured Debt Rating

(or, if unavailable, Corporate Issuer Rating)

Moody's

Fitch

S&P

___ Letter of Credit

Issuer Bank's Legal Name _____

Senior Unsecured Debt Rating

(or, if unavailable, Corporate Issuer Rating)

Moody's

Fitch

S&P

___ Surety Bond

Insurer's Legal Name _____

Long-term Issuer Credit Rating

Senior Unsecured Debt Rating

(or, if unavailable, Corporate Issuer Rating)

AM Best

Moody's

Fitch

S&P

8. EDI Contact Information

EDI Vendor _____

Vendor Contact Name & Title _____

Address _____

City, State, Zip Code _____

E-mail Address _____

Telephone _____

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9. Customer Service Information

Customer Service Supervisor Name _____
Direct Dial Phone Number _____
E-Mail Address _____
24 Hour Customer Service Toll Free
Phone Number _____
Remittance Address _____
City, State, Zip Code _____
Customer Service Website Address _____

10. Certification, Authorization, and Signature:

Applicant will notify Michigan Choice Operations at the above email address, if any material, financial, or credit application information changes.

Applicant certifies that the information herein is complete and accurate to the best of Applicant's knowledge, information and belief, and that the individual signing below is an authorized representative of the Applicant.

Applicant hereby authorizes Indiana Michigan Power Company to obtain any information that may be required relative to this Application from any source, including Applicant's financial and trade references. Applicant also hereby authorizes each source to provide such information.

Legal Name of Applicant _____

Signature of Authorized Representative: _____

Name: (Please Print) _____

Title: _____

Date: _____