

Proxy Form



1 Hours of operation

M	T	W	Th	F	S	Su
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Number of air conditioning units

3 Total air conditioning tonnage (if available)

4 Total facility square footage

5 Air conditioned square footage

6 What the business is used for

7 Service address

8 Verification of certificate of occupancy

9 Number of lights and type (if available)

10 Electric Service Identifier ID (ESIID) (if available)

11 Estimated Usage in kWh (annual and/or monthly)

12 Any additional notes



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