

Attention: Fax or mail to David Pipkin
A-TCBY-27B
Phone: 501-377-4498
Fax: 501-377-4485

CUSTOMER REFERRAL

CUSTOMER: _____

AUTHORIZED REPRESENTATIVE: _____

ADDRESS: _____

STATE: _____

(This form is not to be used in the states of Arkansas or Texas)

TELEPHONE NUMBER: _____

DATE: _____

ACCOUNT EXECUTIVE: _____

OWNER NO.: _____ ACCT. NO. _____

Customer requests that an affiliate of Entergy contact Customer with information concerning energy related services. Customer understands that Customer has the right to keep such a request confidential. I, as the authorized representative of Customer requests that:

The referral be kept confidential.

The referral not be kept confidential and understands that such referral will be made public.

By: _____

Title: _____

Date: _____

Please indicate a choice below

Affiliates:

EBS

Distribution

Transmission

EPMC

EPG

EOSI

Other: _____

Product Request: _____

___ Customer requested to contact affiliate directly.

Date: _____