



Business Program Ally Enrollment Form

Applicant Information

Company:																	
Address:						Fax:											
City:				State:		Zip:			Web Site:								
Contact Name:						Title:											
Email:						Phone:											
Contact Name:						Title:											
Email:						Phone:											
Contact Name:						Title:											
Email:						Phone:											
Minority Owned:		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		Woman Owned:		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		Veteran Owned:		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	

Business Type - Check all that apply

<input type="checkbox"/> Contractor	<input type="checkbox"/> Management Company	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Manufacturer's Representative	<input type="checkbox"/> Consultant/Engineering/Architect	<input type="checkbox"/> Other: _____

Business Information - Please indicate all that apply to your business.

X	Areas Served	X	Services	X	Customer Types
<input checked="" type="checkbox"/>	Bloomington	<input type="checkbox"/>	Building Control Systems	<input type="checkbox"/>	All Customer Types
<input type="checkbox"/>	Carbondale	<input type="checkbox"/>	Compressed Air Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Champaign	<input type="checkbox"/>	Energy Audits	<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	Decatur	<input type="checkbox"/>	Facilities Analysis	<input type="checkbox"/>	Commercial Kitchens
<input type="checkbox"/>	Effingham	<input type="checkbox"/>	Geo-Thermal	<input type="checkbox"/>	Data Centers
<input type="checkbox"/>	Galesburg	<input type="checkbox"/>	HVAC/Water Heaters	<input type="checkbox"/>	Grocery/Convenience Stores
<input type="checkbox"/>	LaSalle/Peru	<input type="checkbox"/>	IT/Data Center Services	<input type="checkbox"/>	Hospitals
<input type="checkbox"/>	Macomb	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Mattoon/Charleston	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Lodging
<input type="checkbox"/>	Metro St. Louis	<input type="checkbox"/>	Portable Chillers & A/C	<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Mt. Vernon	<input type="checkbox"/>	Variable Frequency Drive	<input type="checkbox"/>	Restaurants
<input type="checkbox"/>	Peoria	<input type="checkbox"/>	Steam/Boiler Systems	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Quincy	<input type="checkbox"/>		<input type="checkbox"/>	Schools
<input type="checkbox"/>	Springfield	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	All Areas	<input type="checkbox"/>		<input type="checkbox"/>	

- General Program Ally Rules:**
- Your Company's participation in the Ameren Illinois Program Ally Network will comply with all published program guidelines.
 - Allies will be provided with any changes or modifications to the program guidelines
 - Listing in the Program Ally database does not constitute an endorsement of the Program Ally by Ameren Illinois
 - Use of the Ameren Illinois Energy Efficiency Programs name or logo by Program Allies must receive prior authorization from Program Staff.
 - The Program Ally agrees to abide by all applicable laws, building codes, and licensing. In addition, the Ally will carry insurance coverage and shall produce proof of coverage upon request.
 - Participation in the Ameren Illinois Program Ally Network is voluntary and may be terminated by either party at any time or for any reason without penalty.

By signing below, I agree to comply with the Ameren Illinois program rules and guidelines and to have my information listed on the website as a Program Ally. Type your name into the signature field to provide an electronic signature.

Signature:		Date:	
Print Name:			

<p>Mail/Fax/Email Enrollment Form to: Ameren Illinois, Business Program, 300 Liberty Street, Peoria IL 61602 Fax: 1.309.677.7950 Email: kcampbell@ameren.com</p>	<p>Questions? Contact Kasey Campbell: 1.309.677.7951 or kcampbell@ameren.com</p>
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