



ACN is committed to fighting hunger, and in honor of our customers, we'll make a donation to help feed children in need.



INITIAL QUESTIONS

Are you a business owner? Yes No

How many employees do you have?

- Less than 3
- 3-50
- More than 50

How many locations?

- One
- 2-4
- 5 or more

ENERGY

Current energy provider? _____

Type of service? Electricity Natural Gas Both

My monthly bill is approximately \$ _____

Does your business use less than 185,000 therms per year?
 Yes No

Does your business use less than 3,000,000 kWh per year?
 Yes No

I am interested in the following:
 Natural Gas Electricity

PAYMENT PROCESSING

Do you accept credit cards?

- Yes No I plan to

Average ticket size \$ _____

I process over \$3,000 per month Yes No

Total Monthly Amount \$ _____

Total Yearly Amount \$ _____

IDENTITY THEFT PROTECTION

Are you interested in extending additional benefits to your employees? _____

Do you currently offer identity protection as part of your employee benefits package? Yes No

Current provider? _____

BUSINESS SECURITY & AUTOMATION

Current Security Provider _____

My monthly bill is approximately \$ _____

SATELLITE TV

How many stories does your building have? ____

Is your building a multi-dwelling unit? Yes No

What type of business establishment do you own?
(i.e. restaurant, bank, medical office etc.) _____

Do you want extensive sports programming or international programming? _____

Current TV provider _____

My monthly bill is approximately \$ _____

Months left on current contract _____

Number of receivers _____

Name _____

Company Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone Number _____

NOTES: