



Customer Information Update Request - Georgia

Please print clearly. Form must be completed in its entirety. Failure to do so may delay the process. For questions or comments, contact our Customer Care Department at 1-866-543-4642.

SECTION A: CUSTOMER INFORMATION

LAST NAME												FIRST NAME												M.I.		
SOCIAL SECURITY NUMBER												DRIVER'S LICENSE NUMBER						STATE								
STREAM ENERGY ACCOUNT NUMBER																										

SECTION B: EXISTING ACCOUNT INFORMATION

SERVICE ADDRESS												APARTMENT/SUITE											
CITY										STATE		ZIP CODE											
AGLC #																							
EMAIL ADDRESS										MOBILE NUMBER													
HOME NUMBER										WORK NUMBER													

SECTION C: BILLING ADDRESS INFORMATION

BILLING ADDRESS												APARTMENT/SUITE											
CITY										STATE		ZIP CODE											

SECTION D: AUTHORIZATION AND VERIFICATION

By signing below, I understand that this is a continuation of my current contract, and that the same Terms & Conditions will apply. If applicable, I acknowledge that discretionary or other service charges assessed by the Local Distribution Company may appear on a future invoice. I am at least eighteen years of age and I am the authorized person on this account. I also understand that I must submit supporting documentation along with this form in order for this information to be updated.

SIGNATURE _____	PRINTED NAME _____	DATE
		M M D D Y Y

FAX OR MAIL

Fax this form to:
Customer Care
214-800-4414

or

Mail this form to:
Stream Energy
P.O. Box 192146
Dallas, TX 75219