



CenterPoint[®]
Energy

Always There.[®]

Rebate Processing Center
CenterPoint Energy
401 W. Capitol, Suite 102
Little Rock, AR 72201

TO: Trade Ally / Dealer

CenterPoint Energy assigns a six-digit trade ally/dealer ID that is used to tabulate your incentives. This number is also used to expedite rebate processing.

In order to assign your company with an ID number, CenterPoint Energy requires a current W-9 to be on file. We also update W-9 files every two years in compliance with tax laws. Please complete the enclosed W-9 so you don't miss out on any cash incentives.

Electronic fund Transfer (EFT) is a preferred method for CenterPoint Energy to transfer incentives payments directly to your bank account. Please complete the EFT Authorization form in addition to the W-9 form to expedite incentive amount coming to you. If you prefer to receive your trade ally incentive in the form of a check as opposed to electronic fund transfer, please contact us at arkansasefficiency@centerpointenergy.com or call Karen Murph at (501) 377-4727.

Please return your completed forms to the Rebate Processing Center. A pre-addressed envelope has been provided for your convenience.

If you are requesting a new vendor, complete this W-9 or attach a W-9 to your request. Detailed instructions are available at www.irs.gov.

Substitute for IRS form W-9	CenterPoint Energy Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
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Name (as shown on your income tax return)

Business name, if different from above

Check the appropriate box:

<input type="checkbox"/> Individual/Sole proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Exempt payee
<input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) _____			
<input type="checkbox"/> Other (see instructions)			

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

List account number(s) here (optional)

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.
 Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose Employer identification number to enter.

	Social security number _____
	Employer identification number _____

CERTIFICATION INSTRUCTIONS - You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

SECTION II - CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. person _____ Date _____

Name	Title	Telephone number	Fax number
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By filling out the information below you can authorize us to send your payments by Direct Deposit. Your payments will be deposited into your bank account thus eliminating the need for preparing and mailing a check.

Remittance information is sent as an EDI addendum record to your bank. You can also receive a fax or e-mail notice that is sent one business day before the payment is deposited. Please supply the appropriate information at the end of this form.

EFT AUTHORIZATION

_____ ("Seller") sells goods and/or services to CENTERPOINT ENERGY INCORPORATED and/or one or more of its wholly owned subsidiaries (herein collectively called "Buyer"). Seller hereby (1) authorizes Buyer to make payments for goods and services by electronic funds transfers ("EFT") through the automated clearing house system, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made as provided below:

Federal Tax Identification Number: _____

Depository Institution: _____

Address: _____

Bank Contact: _____

Name _____ Phone # _____

Bank Routing No. (ABA): _____ Account Number _____

Account Name: _____

Lock Box No.: _____

NACHA Payment Format: ACH: CTX

EDI: Transaction Set 820

No debit transactions are authorized hereunder. Buyer agrees to use its best efforts to keep in confidence and prevent disclosure of the information provided hereunder to any person who is not an authorized representative of Buyer.

Both parties agree to be bound by the Operating Rules of the National Automated Clearinghouse Association ("NACHA") as in effect from time to time. Each party agrees to pay for its own costs of transmission or receipt of funds transfers hereunder. A payment hereunder shall be (i) considered timely if the payment is completed on the payment due date determined by the applicable agreement for goods and services and (ii) deemed completed when Seller's depository institution receives, or has control of, the payment. Seller will give thirty (30) days' advance notice of any changes in its depository institution or other payment instructions. Either party may terminate this agreement upon thirty (30) days' advance written notice to the other party. The laws of the State of Texas shall govern this Authorization.

Seller:

CENTERPOINT ENERGY, INC.

Financial Accounting / Accounts Payable

By _____

(Signature of Authorized Representative)

Name _____

Title _____

Date _____

Mailing Address: Centerpoint Energy, Inc

Attn: Accounts Payable

1111 Louisiana St., Ste # 3650A

Houston, TX 77002

Office: (713-207-3942)

Fax: (713) 207-9787

email: Accounts.Payable@CenterPoint Energy.Com

Mailing Address: _____

This Authorization covers the following CENTERPOINT Vendor Number(s):

Note: If you are interested in receiving the detail of your electronic payment by fax or e-mail, please indicate below.

____ Fax Receiving Fax Number _____

____ E-mail E-mail address _____