

**SCHEDULE E - 2**  
**GATS Subscriber Affiliate Billing Information Form**

Subscriber Affiliate must complete this form before access to the GATS can be given to Subscriber Affiliate. The information contained on this form will be used by EIS to bill Subscriber Affiliate for its use of the GATS. Bills for use of the GATS will be emailed to Subscriber Affiliates.

Please type or print neatly in black or blue ink all sections of this form.

Subscriber Affiliate Name: \_\_\_\_\_

Subscriber Affiliate's Billing Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Completed Form Must be Returned to:**

**GATS Administrator**  
**c/o PJM Environmental Information Services, Inc.**  
**955 Jefferson Avenue**  
**Norristown, PA 19403-2497**