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AFFORDABLE ENERGY CORPORATION
ASAP: The All Seasons Assurance Plan
 150 S. State St., Louisville, Kentucky 40206-3169
 (502) 893-7843 Fax (502) 893-1910
 Visit our new website: www.asapky.org info@asapky.org

ASAP ORIENTATION & ENROLLMENT REPRESENTATIVE AUTHORIZATION FORM

Complete ONLY If You Are Sending A Representative In Your Place

I, _____ would like to be enrolled with
 (Invitee – Please Print Name)

ASAP: **The All Seasons Assurance Plan**, but I am unable to attend orientation due to:

Homebound status Work schedule Other (please explain):

I authorize _____ to attend orientation in my
 (Representative – Please Print Name)

Place and have provided him / her with the required documentation for my enrollment.

I certify that the information I have provided is honest and accurate:

ASAP INVITEE'S SIGNATURE: _____

Date: _____

My Phone Number: _____

REPRESENTATIVE: *Please bring this completed form, ALL required documents, both the ASAP invitee's and your valid photo IDs with the current address to orientation. **PLEASE IDENTIFY YOURSELF** as a representative **BEFORE** signing-in at the orientation and ask for an instruction sheet. Thank you!*

- I certify that the information I have provided is honest and accurate.
- I will explain the orientation information to the ASAP Invitee.
- I will pass along the folder received.

REPRESENTATIVE'S SIGNATURE: _____

Date: _____

My Phone Number: _____

My Address: _____

My City, State, Zip: _____

Please check all that apply:

I Am: the Husband / Wife a Relative:

Power of Attorney (provide documents) Friend Other: