

GUARANTY

Guarantor Name and Address: Applicant Name(s) (Guaranteed Party):

Requested Service Address:

Guarantor SS#: _____

I, the above Guarantor, guarantee to Duquesne Light Company the full and prompt payment when due of all of the payment obligations of the Applicant to Duquesne Light Company in connection with electric service at the Requested Service Address. These electrical payments, fees, and other permitted charges and expenses are referred to in this Guaranty as the "Obligations".

As Guarantor, I understand that:

- I will be legally responsible for the Obligations if the Applicant's payments are not made on time.

- I will be legally responsible for the Obligations if the Applicant's payment(s) are returned for insufficient funds or are required by law to be returned to the Applicant.

- If the Applicant files for bankruptcy protection, moves from the Requested Service Address, or is unable or unwilling to pay the Obligations, I will still be required to pay the Obligations.

- If the Applicant and I do not make the payments required under this Guaranty, Duquesne Light may take legal action against me to collect the Obligations, even if Duquesne Light does not or cannot take legal action against the Applicant.

- I cannot transfer my responsibilities under this Guaranty to anyone else without Duquesne Light's written permission.

- **This Guaranty will expire automatically in 24 months.** I can cancel this Guaranty at any time if the Obligations are paid in

full. Until I cancel this Guaranty, I will remain responsible for the Obligations.

I agree to allow Duquesne Light to pull my credit history with Transunion Consumer Solutions; P.O. Box 2000, Chester, PA 19022-2000; Telephone Number: (800) 916-8800. The credit history and report will be used to determine whether Duquesne Light will accept this Guaranty. My credit information will not be shared with the Applicant or any other party. If my credit does not meet Duquesne Light requirements, the Applicant will be notified only that this Guaranty was not accepted.

Signed this ____ day of _____, 20____.

GUARANTOR:

COMMONWEALTH OF PENNSYLVANIA)
) SS:
COUNTY OF _____)

On this ____ day of _____, 20____, before me, the undersigned authority, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Title of Officer

My Commission expires: