## **CUSTOMER USAGE INFORMATION AUTHORIZATION**

I hereby authorize my electric utility to act in my behalf for the purpose of obtaining information about my historical energy usage and billing information and consent to the release of same so that the Company named herein may evaluate my energy usage patterns and make me an offer to supply energy. The utility considers all customer usage information to be confidential.

This authorization in no way binds me to the purchase of any service or product from the Company named herein and is to be used for the sole purpose of determining my offer price of electricity service or the provision of other energy-related services.

Supplier/Consultant Information (please print):

Email Address Phone Number ( )	(Individual)	representing	(Company)
Email Address Phone Number ( ) Type of Data Requested (select one):  Sixty (60) minute interval data (if available) provided in ASCII text file  Monthly billing information (will be provided if 60 minute interval data is unavailable)  NOTE: Billing information will typically cover the most recent twelve-month period.  Operating Company Information (please print):  My Utility  Company Name  Address  City State Zip  Business Contact Name Telephone Number ( )  Party other than customer to be Billed, if allowed by your utility:  Business Representative's Signature Date  This authorization is valid for 90 days from the above date, unless otherwise indicated. I wish to have this authorization valid until (date & initial).	Address		
Sixty (60) minute interval data (if available) provided in ASCII text file Monthly billing information (will be provided if 60 minute interval data is unavailable)  NOTE: Billing information will typically cover the most recent twelve-month period.  Operating Company Information (please print):  My Utility			
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Operating Company Information (please print):  My Utility	Monthly billing information (	will be provided if 60 minute	interval data is unavailable)
My Utility	<b>NOTE:</b> Billing information w	vill typically cover the m	ost recent twelve-month period.
My Utility	Operating Company Info	rmation (please pri	nt):
Company Name  Address  City State Zip  Business Contact Name Telephone Number ( )  Party other than customer to be Billed, if allowed by your utility:  Business Representative's Signature Date  This authorization is valid for 90 days from the above date, unless otherwise indicated. I wish to have this authorization valid until (date & initial).			•
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	Business Representative's Signature		Date
20 Digit Customer Number(s) (As shown on Page 3 of Latest Bil	This authorization is valid I wish to have this autho	d for 90 days from the above prization valid until	date, unless otherwise indicated(date & initial).
	20 Digit Custome	er Number(s) (As sh	own on Page 3 of Latest Bill

## PLEASE FAX THIS AUTHORIZATION TO 330-315-8664

Each utility has specific rules for releasing information, and this service may be subject to a charge by the utility.