



Authorization to Release Customer Billing Information



Please complete this form in its entirety, and either fax, email, or mail it to your authorized Sales Representative.

Customer's contact information:

Company/Organization Name : _____

Name of Authorized Individual: _____

Title : _____ Phone Number : _____

Address : _____

E-Mail : _____ Date : ____/____/____

I/We authorize _____ to receive demand, consumption and billing information through Electronic Data Interchange, via email, mail or fax, or as otherwise requested by the supplier for the Account Numbers specified below or on an attachment as well as any future Accounts that Customer requests to add to the energy supply agreement with the chosen supplier. I/We authorize the aforementioned third-party supplier to complete on our behalf any web-based authorization form on the Electric Distribution Company's website for the current or future Accounts that will be served with electricity. Unless otherwise required by state regulation, this authorization shall remain in effect for one (1) year from the date listed below or for as long as there is an energy supply service agreement between the supplier and the Customer listed above.

Sincerely,

Signature of Authorized Individual _____

Name of Authorized Individual _____

Title _____ Date _____

Account Numbers:	<i>Please Include SERVICE ADDRESS CITY/STATE/ZIP SERVICE ACCOUNT</i>

