

CUSTOMER USAGE INFORMATION AUTHORIZATION

Supplier/Consultant Information (please print):

Name: _____ Company: _____
Address: _____
Email: _____ Phone: () _____ - _____
Name of Utility company: _____

Please place your initials beside the type of data selected to be provided to your Electric Generation Supplier (EGS). If you select both, you will be charged for each.

_____ Sixty (60) minute interval data (if available) provided in ASCII text file

_____ Monthly billing information (provided if interval data is unavailable)

NOTE: Billing information will typically cover the most recent twelve-month period.

20 Digit Customer Number(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize my electric utility to act on my behalf for the purpose of obtaining information about my historical energy usage and billing information and consent to the release of same. Customer usage information is considered confidential.

Business Representative's Signature

Date

This authorization is valid for 90 days from the above date.