



ELECTRIC & GAS SUPPLIER AUTHORIZATION FORM
FAX TO 866-847-3693

Customer Name: _____
(Business Name as it appears on utility bill)

Billing Address: _____

Utility Name: _____

Utility Account #:	_____	(Please Circle)
	Rate Sched:_____	Gas or Electric
	_____	Rate Sched:_____ Gas or Electric
	_____	Rate Sched:_____ Gas or Electric
	_____	Rate Sched:_____ Gas or Electric

(Attach additional account numbers)

If possible, please attach a copy of a recent utility bill to expedite request.

This letter is to advise all parties that we authorize Grid Energy LLC, to have access to our customer information for the sole purpose of analyzing prices of electricity service or the provision of other energy related services.

We authorize Grid Energy LLC to act on our behalf to secure all Electric and or Gas Distribution Utility records and information, including at a minimum the customer's account number, data about meter readings, rate class and usage, the customer's name, address(es) and telephone number or other information consistent with Public Service Commission rulings. Thank you for your prompt attention to this matter.

Signed:_____ Date_____

Printed Name: _____

Phone: _____

Fax: _____

Email: _____

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If you have any questions or concerns regarding this form, please call us at 844-GRID-ENERGY