



### MONTHLY AND INTERVAL DATA USAGE REQUEST FORM

State: \_\_\_\_\_ Distribution Company: \_\_\_\_\_

Customer Name (as it appears on utility bill): \_\_\_\_\_

ACCOUNT NUMBER	SERVICE ADDRESS	BILLING NAME	BILLING ADDRESS	CITY / STATE / ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### BROKER INFORMATION

Name: \_\_\_\_\_

Contact / Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPANY INFORMATION

I authorize the above Distribution Company to share the Company's monthly and or interval electricity data usage with Bold Coast Energy, LLC ("Broker") until I or Broker notifies the Distribution Company otherwise. As part of this authorization, Broker has agreed to pay any applicable fees associated with this data request. Accept this form as authentic whether it is the original executed document or a copy thereof. My signature affirms that I have the authority to make and sign this request on behalf of the Company.

Name: \_\_\_\_\_

Contact / Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For a free, no obligation analysis of your energy usage and a price proposal from Constellation Energy Services, Inc., please complete and fax to 603-263-6999.

## Electric Supplier Authorization Form

(Please complete one copy of this form for each Electric Distribution Utility)

How easy is it to choose Constellation Energy Services, Inc. for your business?

It's as easy as:

- 1 COMPLETE** the no-obligation authorization form below.
- 2 FAX** your completed authorization form and **one copy of your utility bill for each service account** to Constellation Energy Services, Inc. at 603-263-6999.
- 3 YOU'RE DONE.** We'll conduct an analysis of your consumption, and then provide your business with a customized price proposal.

This is to advise all parties that we authorize Constellation Energy Services, Inc. to have access to our customer information for the sole purpose of determining my offer price of electricity service or the provision of other energy-related services.

We authorize Constellation Energy Services, Inc. to act in our behalf to secure all electric distribution utility records and information on an ongoing basis unless and until we direct you otherwise in writing, including at a minimum the customer's account number, data about meter readings, rate class and electric usage, twelve-month payment history, 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. Your information will be treated confidentially.

If you have any questions or concerns regarding this form, please call 800-536-1349.



## Electric Supplier Authorization Form

(Please complete one copy of this form for each Electric Distribution Utility)

Customer Name (Name of ownership/business as seen on utility bill)

Billing address

Utility Name

Utility Acct. # (1) Rate Schedule

Utility Acct. # (2) Rate Schedule

Utility Acct. # (3) Rate Schedule

Utility Acct # (4) Rate Schedule

(Attach additional account numbers)

**PLEASE ATTACH ONE COPY OF YOUR UTILITY BILL FOR EACH SERVICE ACCOUNT.**

Signed Date

Printed Name

Title

Phone Fax e-mail