



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: _____