

# Customer Authorization Form

(Non-Residential)



Return via facsimile to [ \_\_\_\_\_ ] or via email at [ \_\_\_\_\_ ]@Constellation.com

The undersigned ("Customer") authorizes Constellation NewEnergy, Inc., its affiliates and agents (collectively, "Constellation") to obtain and review the following information from the local distribution utility ("Utility") and/or the New York Independent System Operator: consumption history; billing determinants; credit information; public assistance status; historical demand response program enrollment and performance information; and information pertaining to PSL § 33, tax status and eligibility for economic development or other incentives. This information may be used by Constellation to determine whether it will commence and/or continue to provide energy related services to Customer and will not be disclosed to a third-party unless required by law or otherwise permitted under any energy related service agreement that exists between Customer and Constellation (an "Existing Agreement"). Notwithstanding the foregoing, Constellation may share information collected hereunder with its affiliates. Customer's execution of this form shall evidence an authorization for the release of this information to Constellation. This authorization will remain in effect for 6 months from the later of the date hereof or for as long as an Existing Agreement remains in effect; provided, **Customer may rescind this authorization at any time by providing written notice to Constellation or calling Constellation at 1-888-262-4648.** By signing this Agreement, Customer authorizes Constellation as its agent for receiving its billing information from the local Utility (including, when applicable, LIPA) and upon signature of a separate supply agreement, for procuring and scheduling the transmission and ancillary services necessary to deliver electric generation services purchased by Customer to the Utility's system.

## SUPPLIER INFORMATION (please print):

Constellation Contact Name (Individual):

Address: 1001 Louisiana Street Suite 2300 Houston, TX 77002

E-mail Address:

Phone Number:

Type of Data Requested:                    \_\_\_ Interval data at the most granular level possible (if available) provided in ASCII text file  
    \_\_\_ Monthly billing information  
    \_\_\_ Historical ICAP/SCR, DLRP, CSRPs enrollment and performance information (APMD/ACL, CMD, Declared Values, Performance Factors etc.)

**NOTE: Billing information will typically cover the most recent 12-24 month period.**

## COMPANY INFORMATION (please print):

My Utility: \_\_\_\_\_

My Company's Name: \_\_\_\_\_

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

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Party other than customer to be billed, if allowed by your Utility: \_\_\_\_\_

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

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

\_\_\_\_\_

I spend approximately \$ \_\_\_\_\_ on electricity each month.