

Letter of Authorization

To Whom It May Concern:

Permission is hereby granted to National Utilities Refund (NUR) to act as our agent and to have copies of the billing history, agreements, and Customer Service Records for the account number(s) shown below. This authorization will remain in effect for a period of 24 months.

Audit Company:	National Utilities Refund (NUR)
Contact Name(s):	Vincent DiMaio, Katie Floyd, Ziad Sayegh, Penn Smith, Franklin Skinner, Misty Holleman, Ralph DiMaio, Jacob Finocchio
Consultant Address:	PO Box 332 Fogelsville, PA 18051
Consultant Telephone:	610.440.2300
Consultant FAX:	1.800.687.1968
Consultant Email Address:	Vince@NationalUtilityLtd.com info@NationalUtilityLtd.com

I maintain that I have the authority to sign on the behalf of the referenced business.

Sincerely,

Name:

Title:

Date:

Federal Tax ID # _____