

## THANK YOU FOR YOUR INTEREST IN XOOM ENERGY.

To proceed in ACN/XOOM Energy's Big Business Program, please complete the following forms as instructed below. **Following the checklist below will ensure prompt review and follow up.**



### COMPLETE CUSTOMER INFORMATION FORM

- All contact information is provided
- IBO information is provided & complete
- Under Contract?
  - i. Please have the customer confirm if they are under contract and provide the contract terms and end date.



### COMPLETE THE LETTER OF AUTHORIZATION (LOA)

- You must complete a separate LOA for each legal entity(s) you enroll
- Complete the Personal Information Section
- List the accounts for which a quote is requested
- Print Name
- Sign and Date



### PROVIDE INVOICE COPIES

- Please provide a complete copy of the most recent invoice for each account you will be requesting a quote for.
- For Indiana, Kentucky, Michigan and Virginia only** – Please provide either 12-months of invoice copies or one most recent invoice copy if it contains a listing or legible graph of 12 months of usage for each account.



**PLEASE ENSURE TO SEND COMPLETE PACKET  
WITH ALL REQUIRED DOCUMENTATION TO:**

**FAX** 866.452.0053

**EMAIL** [bbpenergylead@acninc.com](mailto:bbpenergylead@acninc.com)



## CUSTOMER INFORMATION FORM

**THRESHOLD FOR LARGE COMMERCIAL ACCOUNTS IS \$25,000-\$500,000 IN ANNUAL COMMODITY SPEND.**

<b>EMAIL</b> bbpenergylead@acninc.com	<b>IBO NAME</b> _____
<b>FAX</b> 866.452.0053	<b>IBO #</b> _____
<b>ATTN</b> ACN/XOOM Energy Commercial Division	<b>EMAIL</b> _____
<b>DATE</b> _____ <b># OF PAGES</b> _____	<b>PHONE</b> _____

**COMPANY NAME** \_\_\_\_\_

**CONTACT** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EXT.** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**CURRENTLY BUYING ENERGY FROM** **ADDITIONAL NOTES**

Utility     Supplier/Retailer

\_\_\_\_\_

\_\_\_\_\_

**IF RETAILER WHO** \_\_\_\_\_

**ARE YOU UNDER CONTRACT?**    **IF YES, WHAT IS THE EXPIRATION DATE?**

Yes     No    \_\_\_\_\_

**PLEASE MAKE SURE YOU INCLUDE ALL OF THE ITEMS BELOW WHEN SUBMITTING YOUR INFORMATION:**

- Big Business Program Customer Information form Completed
- Letter of Authorization (LOA) Form Completed AND Signed (one form per utility)
- Copy of Your Most Recent Invoice (1 for each account)

**CHECK THE UTILITY:**

National Grid: Massachusetts Electric

National Grid: Nantucket Electric

Eversource Energy (formerly NSTAR)

Eversource Energy (formerly WMECO)

**PLEASE NOTE**

ACN/XOOM Energy does not forward or keep incomplete documents; if your Big Business Program Packet is incomplete it cannot be processed and you will be required to resend the entire packet.

Annual spend shall mean per commodity (not combined gas and electric). Any accounts over \$500,000 annual spend will be flagged for internal review prior to any customer contact.

The Letter of Authorization (LOA) is mandated by the state and required by the utility to release information to XOOM Energy should you choose that option to provide your historical usage information. XOOM Energy cannot modify the LOA.

XOOM Energy is not able to provide service to all types of businesses.

Completing the Letter of Authorization (LOA) in no way affects your current provider relationship or obligates you to transfer your account or purchase energy from XOOM Energy.

The reference to potential cost in the INFORMATION, ACTS AND FUNCTIONS AUTHORIZED section of the Letter of Authorization (LOA) is strictly limited to the possibility that your utility may charge a fee for providing copies of your historic usage information. This is not typical, does not benefit XOOM Energy in any way, and is included to protect the utility in the event they opt to charge fees.



## LETTER OF AUTHORIZATION (LOA) FOR RELEASE OF USAGE INFORMATION

### TO: SUPPLIER SUPPORT

You are hereby authorized and instructed to produce and release, to XOOM Energy LLC, as requested, orally or in writing, from time to time, all information relative to your UTILITY HISTORY, including, but not limited to, consumption history data for 12 months, load profiles, payment history, and 12 months of interval-metered data if available for the accounts listed below and on the Additional Accounts Listing, if attached.

This authorization in no way binds the Customer to the purchase of any service or product from XOOM Energy LLC and is to be used for the sole purpose of determining an offer price for electricity and/or natural gas service. This authorization shall remain in effect until revoked in writing by the undersigned.

### 1. YOUR COMPANY INFORMATION

COMPANY NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ FAX \_\_\_\_\_

The undersigned hereby affirms that he/she is authorized to execute this letter of authorization for release of information on behalf of the Customer identified herein.

\_\_\_\_\_  
Authorized Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

### 2. YOUR ACCOUNT INFORMATION

[Please include a legible utility invoice per account.]

Please List the account number needed for enrollment per the key below:

Utility	What's Needed	Length
Eversource (Western MA Elec. Co.)	Account # & Service Reference #	11 digits (acct #) 9 digits (SR #)
Eversource (NSTAR)	Account Number	11 digits
National Grid MA	Account Number	10 digits

1										
2										

If you have additional accounts please list them on the attached Additional Account Listing page(s).



**LETTER OF AUTHORIZATION (LOA)  
FOR RELEASE OF USAGE INFORMATION**

**3. TYPE OF DATA REQUESTED (COMPLETED BY XOOM ENERGY LLC).**

- Sixty (60) minute interval data (if available) provided in ASCII text file, or applicable format
- Monthly summary usage data

REQUESTOR/BILLING COMPANY	<u>XOOM Energy LLC</u>
REQUESTOR/BILLING NAME	_____
PHONE NUMBER	<u>886.452.0053</u>
EMAIL	<u>bbpinfo@xoomenergy.com</u>
BILLING ADDRESS	<u>11208 Statesville Rd Suite 200 Huntersville, NC 28078</u>
REQUESTOR/BILLING SIGNATURE	_____
DATE SIGNED BY REQUESTOR/BILLING CO.	_____

# MASSACHUSETTS INTERVAL DATA REQUEST FORM

**This is to be completed by the Supplier/Broker**

**Distribution Company (circle one):** NGRID    NSTAR    UNITIL    WMECO

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

Account Number	Service Address	Billing Name	Billing Address	City/State/Zip

*Please attach additional accounts as needed, and reference accordingly in the table above with "see attached".*

- Supplier/Broker Name: \_\_\_\_\_
- Supplier/Broker Contact: \_\_\_\_\_
- Supplier/Broker Contact Telephone Number: \_\_\_\_\_
- Supplier/Broker Contact Email Address: \_\_\_\_\_

\*\*\*CHECK ONE     Invoice the customer    OR     Invoice the supplier/broker as follows:  
*(Not applicable to NSTAR)*

Supplier/Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supplier Billing Address \_\_\_\_\_

## **This section is to be completed by the Customer**

I authorize the above distribution company to share my interval data with the above supplier/broker until I or my supplier/broker notifies you otherwise<sup>1</sup>. The tariff allows for one request per account per calendar year for historical data at no charge. I understand that a fee will be assessed for any subsequent request made within the calendar year. Please accept this request for information under the authority of this form as if the request was made directly to you. You are permitted to 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 my company.

\*Customer Signature \_\_\_\_\_  
\*Printed Name \_\_\_\_\_  
\*Title \_\_\_\_\_  
\*Company Name \_\_\_\_\_  
\*Date \_\_\_\_\_

Massachusetts tariff allows for one request per account per calendar year for historical data at no charge. If available, I would like to exercise that option now:  YES     NO

**\*\*\*SEE ATTACHED FEE SCHEDULE\*\*\***

<sup>1</sup> Signatures for historical requests are only valid for one year after the sign date.









