



Authorization to Release Customer Billing Information

Please complete this form in its entirety, and either fax, email, or mail it to Direct Energy Business as instructed by your authorized Sales Representative.

Customer's contact information:

Company/Organization Name: _____
Name of Authorized Individual: _____
Title: _____
Phone Number: _____ Email: _____
Address: _____
City: _____ State _____ Zip _____

I/We authorize Direct Energy Business to receive demand, consumption and billing information through Electronic Data Interchange, via email, mail or fax, or as otherwise requested by Direct Energy Business for the Account Numbers specified below or on an attachment as well as any future Accounts that Customer requests to add to the energy supply agreement with Direct Energy Business. I/We authorize Direct Energy Business to complete on our behalf any web-based authorization form on the Electric Distribution Company's website for the current or future Accounts that Direct Energy Business will be serving with electricity.

Unless otherwise required by state regulation, this authorization shall remain in effect for one (1) year from the date listed below or for as long as there is an energy supply service agreement between Direct Energy Business and the Customer listed above.

Sincerely,

(Signature of Authorized Individual)

Name of Authorized Individual (Print): _____
Title: _____
Date: _____

Account Numbers:

- | | | | |
|----|--------------------------|-------------------------|---------------------------------|
| 1. | _____
SERVICE ADDRESS | _____
CITY/STATE/ZIP | _____
SERVICE ACCOUNT NUMBER |
| 2. | _____
SERVICE ADDRESS | _____
CITY/STATE/ZIP | _____
SERVICE ACCOUNT NUMBER |
| 3. | _____
SERVICE ADDRESS | _____
CITY/STATE/ZIP | _____
SERVICE ACCOUNT NUMBER |

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)