



Authorization to Release Customer Billing Information

Please complete this form in its entirety, and either fax, email, or mail it to OnDemand Energy Solutions 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 OnDemand Energy Solutions to receive demand, consumption and billing information through Electronic Data Interchange, via email, mail or fax, or as otherwise requested by OnDemand Energy Solutions for the Account Numbers specified below or on an attachment. I/We authorize OnDemand Energy Solutions to complete on our behalf any web-based authorization form on the Electric Distribution Company's website for the current accounts that OnDemand Energy Solutions 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 OnDemand Energy Solutions 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)