

For a **free, no obligation analysis** of your energy usage and a price proposal from Constellation NewEnergy, please complete and fax to **443.213.3299**.

Electric Supplier Authorization Form

(Please complete one copy of this form for each Electric Distribution Utility)

How easy is it to choose Constellation NewEnergy for your business?
It's as easy as:

- 1 COMPLETE** the no-obligation Authorization Form below.
- 2 FAX** your completed Authorization Form and **one copy of your utility bill for each service account** to Constellation NewEnergy at **443.213.3299**.
- 3 YOU'RE DONE.** We'll conduct an analysis of your consumption, and then provide your business with a customized price proposal.

If you have any questions or concerns regarding this form, please call 888.638.8900.

This is to advise all parties that we authorize Constellation NewEnergy, Inc. to have access to our customer information for the sole purpose of determining my offer price of electricity service or the provision of other energy-related services.

We authorize Constellation NewEnergy, Inc. to act in our behalf to secure all Electric Distribution Utility records and information on an ongoing basis unless and until we direct you otherwise in writing, including at a minimum the customer's account number, data about meter readings, rate class and electric usage, twelve-month payment history, the customer's name, address(es) and telephone number or other information consistent with Public Service Commission rulings. Thank you for your prompt attention to this matter. Your information will be treated confidentially.



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Electric Supplier Authorization Form

(Please complete one copy of this form for each Electric Distribution Utility)

CUSTOMER NAME (NAME OF OWNERSHIP/BUSINESS AS SEEN ON UTILITY BILL)

BILLING ADDRESS

UTILITY NAME

UTILITY ACCT. # (1)

RATE SCHEDULE

UTILITY ACCT. # (2)

RATE SCHEDULE

UTILITY ACCT. # (3)

RATE SCHEDULE

UTILITY ACCT. # (4)

RATE SCHEDULE

(Attach additional account numbers)

PLEASE ATTACH ONE COPY OF YOUR UTILITY BILL FOR EACH SERVICE ACCOUNT.

SIGNED

DATE

PRINT NAME

TITLE

PHONE

FAX

EMAIL