



www.goodenergy.com

ELECTRIC/GAS SUPPLIER AUTHORIZATION FORM
FAX FORM TO 866-275-3083

Customer Name: _____
(Business Name as it appears on utility bill)

Billing Address: _____

Utility Name: _____

Utility Account #:	_____	Rate Sched:_____	(Please Circle) Gas or Electric
	_____	Rate Sched:_____	Gas or Electric
	_____	Rate Sched:_____	Gas or Electric
	_____	Rate Sched:_____	Gas or Electric

(Attach additional account numbers)

If possible, please attach a copy of your utility bill to expedite request.

This letter is to advise all parties that we authorize Good Energy, L.P., to have access to our customer information for the sole purpose of determining my offer prices of electricity service or the provision of other energy related services.

We authorize Good Energy, L.P. to act on our behalf to secure all Electric and or Gas Distribution Utility records and information, including at a minimum the customer's account number, data about meter readings, rate class and usage, 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.

Signed: _____ Date _____

Printed Name: _____

Phone: _____

Fax: _____

Email: _____

The information you provide will be treated as confidential.
If you have any questions or concerns regarding this form, please call us at 1.866.955.2677