



To Whom It May Concern:

Please be advised that _____ (“Customer”) hereby appoints Good Energy, L.P. as its agent with authority to act on Customer’s behalf in regards to the following functions including, but not limited to:

- Secure information for commodity pricing, tariff and/or tariff rate contracts, rate comparisons, notices of tariff changes, billing/cost information, load data, interval load data, and credit information.
- Deal with Retail Electric Providers, Utilities and others in issues relating to Agreements, Assignments and other related issues.

Information is to be provided as requested by Good Energy, L.P. via written or electronic format to the following address:

Good Energy
 Javier Barrios
javier@goodenergy.com or info@goodenergy.com
 232 Madison Ave
 New York, NY 10016
 Phone: 212-792-0222
 Fax: 866-275-3083

This authorization agreement does NOT extend the right for Good Energy, L.P. to sign or execute any commodity contract for Customer without the express written consent of Customer.

Customer would like Good Energy, L.P. to obtain bids on Customer’s behalf from all certified Retail Electric Providers and all Retail Natural Gas Providers supplying electricity and natural gas in the state of Pennsylvania.

Customer hereby authorizes Good Energy to act as Customer’s agent for the sole purpose of granting like authorization to third party electric and natural gas suppliers to receive Data directly from the local distribution utility company.

This authorization agreement shall be effective from the date written below and shall remain in full force and effect until terminated by Customer or Good Energy, L.P. upon thirty (30) days prior written notice. Notice information for said parties is set forth below:

Business Name on Account: _____
 Legal Business Name (if different): _____
 Billing Address: _____
 Current Retail Electric Provider: _____
 Customer Contact Person: _____
 Email: _____ Phone: _____
 Fax: _____

The above information should be provided to Good Energy, L.P. for the following accounts: -Additional sheet attached

ESID: (see attached sheet) _____ ESID: _____
 ESID: _____ ESID: _____

This authorization is effective as of the date of the signature below and remains an open authorization until rescinded.

FAX to: 866-275-3083

Name: _____ Title: _____
 Signature: _____ Date: _____

