

Electric Supplier Authorization Form



for the request of historical usage information

Return via facsimile to **800-866-7970** or via email to **cnesalesMD@constellation.com**

This is not a contract—it is only an authorization form which will allow Constellation NewEnergy to retrieve your usage information in order for us to provide you with a no-obligation price proposal. For any questions call feel free to call Lynn Meyer at **410-470-1927**

LIST UTILITY NAME (List one utility per form):

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 our 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. Information provided based on this authorization will be treated confidentially.

Service Address (#1): _____

Utility Number (found on bill): _____ Rate Class: _____

Service Address (#2): _____

Utility Number (found on bill): _____ Rate Class: _____

Service Address (#3): _____

Utility Number (found on bill): _____ Rate Class: _____

Service Address (#4): _____

Utility Number (found on bill): _____ Rate Class: _____

Attach additional service addresses as needed.

Please include a copy of a recent electricity bill for each service account.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email Address: _____ Fax: _____

Company: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____