

COBERTURA DEL FORMULARIO DE FAX

PARA: XOOM Energy – Clientes Comerciales

FECHA: _____

No. FAX: 877.396.6041

DE PÁGINAS: _____

Nombre de la Compañía: _____

Contacto: _____ Teléfono: _____

Correo Electrónico: _____

Actualmente está comprando la energía de:

Servicio Público Proveedor/Minorista

Notas:

Si es del proveedor:

Quién: _____

¿Tiene un contrato? No: Si:

Si tiene un contrato, ¿cuál es la fecha de vencimiento del contrato? / /

El límite mínimo para las cuentas comerciales grandes es de \$2,000/mes por el uso del servicio.

LISTA DE VERIFICACIÓN PARA EL PROCESO DE GRANDES EMPRESAS.

Por favor asegúrese de incluir toda la información para la opción que usted seleccione cuando envíe la orden de su cliente:

Opción A

y

Opción B

- Hoja de Cobertura del Formulario de Fax del Programa para Grandes Empresas Completado.
- Formulario de la Carta de Autorización (LOA) Completado Y Firmado (un formulario por entidad legal).
- Copia de Su Factura/Estado de Cuenta Más Reciente del Servicio de Gas.

- Hoja de Cobertura del Formulario de Fax del Programa para Grandes Empresas Completado.
- Copias de Sus Facturas/Estados de Cuenta de 12 Meses Consecutivos del Servicio de Gas (dentro de los 2 últimos años).
- Seleccionar el Servicio Público:
 - PG&E SoCal SDG&E

POR FAVOR TENGA EN CUENTA:

- XOOM Energy no transfiere o conserva documentos incompletos; si su Paquete del Programa para Grandes Empresas está incompleto, usted tendrá que volver a enviar el paquete completo.
- XOOM Energy no puede proporcionar servicio a todos los tipos de empresas.
- La Carta de Autorización (LOA) es mandatoria por el estado y requerida por el servicio público para dar a conocer información a XOOM Energy para proporcionar la información del historial de su uso. XOOM Energy no puede modificar la LOA.

- Al completar la Carta de Autorización (LOA) de ninguna manera afecta la relación entre el proveedor actual o lo obliga a transferir su cuenta o comprar el servicio de energía de XOOM Energy.
- La referencia al costo potencial en la sección de INFORMACIÓN, ACTOS Y FUNCIONES AUTORIZADOS de la Carta de Autorización (LOA), se limita estrictamente a la posibilidad de que su servicio público puede cobrar una tarifa por proporcionar copias de la información de uso histórico. Esto no es típico, no beneficia a XOOM Energy en modo alguno, y se incluye para proteger al servicio público en el caso de que opten por cobrar tarifas.

Gracias por su interés en XOOM Energy. Para poder continuar con el Programa para Grandes Empresas de XOOM Energy, por favor complete los siguientes formularios como se explica a continuación. El Programa para Grandes Empresas de XOOM Energy requiere la información del historial de uso para crear una cuota específica para cubrir sus necesidades del servicio de energía. Hay dos opciones para adquirir esa información: A) Complete la información requerida en este paquete, O B) Ingrese en el portal del cliente de su servicio público y recolecte 12 meses de las facturas anteriores y proporcione esa información a XOOM Energy.

1 Complete la Hoja de la Cobertura del Fax

2 Adquiera la Información del Historial de Uso

Opción A

y

Opción B

Complete la Carta de Autorización:

- A** Por favor seleccione el servicio público apropiado. Usted debe completar una LOA por separado para cada entidad legal que se inscriba. Si esa entidad tiene locaciones en más de un área del servicio público, usted debe completar una LOA por separado para cada servicio público. *Por favor tenga en cuenta que SoCal Edison (SCE) no está disponible.*
- B** Complete la sección de la Información Personal.
- C** Enumere las cuentas para las que está solicitando un presupuesto. Si usted desea recibir un presupuesto para más de tres cuentas, por favor escriba las cuentas adicionales en la hoja proporcionada y anéxelas a la LOA.
- D** Escriba sus iniciales en las casillas 1, 2a, 2b, 4, 6 y 7; de manera que XOOM Energy pueda recibir el historial de su servicio de energía por parte del servicio público.
- E** Escriba sus iniciales en "Autorización de Un Año".
- F** Firma y fecha.
- G** Deje este espacio en blanco (este espacio es para uso exclusivo de XOOM Energy únicamente).
- H** Proporcione una copia de su factura/estado de cuenta más reciente del servicio de gas.
- I** Envíe por fax todos los documentos a XOOM Energy al **877.396.6041**.

Proporcione Copias de las Facturas de los Últimos 12 Meses:

- A** Obtenga las copias impresas de los últimos 12 meses de las entidades legales que desea inscribir, o tenga acceso e imprima las copias desde la página web del servicio público utilizando el portal del cliente a través de Internet.
- B** Anexe las copias de las facturas a la Hoja de la Cobertura de Fax de XOOM Energy y envíelas por fax a: **877.396.6041**.
- C** Seleccione el Servicio Público:
 PG&E SoCal SDG&E

Número de Cuentas Enviadas _____

Cuentas Adicioanles para: **SoCal Gas / San Diego Gas & Electric**

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SAMPLE

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

E I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS² (initial one box only):

One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).

One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.

Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- Hard copy via US Mail (if applicable).
- Facsimile at this telephone number: _____
- Electronic format via electronic mail (if applicable) to this e-mail address: BBPINFO@XOOMENERGY.COM

F I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. **[This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]**

AUTHORIZED CUSTOMER SIGNATURE TELEPHONE NUMBER

G Executed this _____ day of _____ at _____
MONTH YEAR CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

AGENT SIGNATURE **704.274.1450**
TELEPHONE NUMBER

XOOM ENERGY
COMPANY

Executed this _____ day of _____
MONTH YEAR

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

SUBMITTED TO THE FOLLOWING.

Please check all that apply:

PG&E

SoCalGas

SCE

SDG&E

THIS IS A LEGALLY BINDING CONTRACT—READ IT CAREFULLY

(Please Print or Type)

I, _____
NAME TITLE (IF APPLICABLE)

of _____ (Customer) have the following mailing address
NAME OF CUSTOMER OF RECORD

_____, and do hereby appoint
MAILING ADDRESS CITY STATE ZIP

XOOM ENERGY of **13850 BALLANTYNE CORPORATE PLACE, STE 150**
NAME OF THIRD PARTY MAILING ADDRESS

CHARLOTTE **NC** **28277**
CITY STATE ZIP

to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

ACCOUNTS INCLUDED IN THIS AUTHORIZATION:

1. _____
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
2. _____
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER
3. _____
SERVICE ADDRESS CITY SERVICE ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a separate sheet and attach it to this form)

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer. Requests for information may be limited to the most recent 12 month period.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions (initial all applicable boxes):

1. Request and receive billing records, billing history and all meter usage data used for bill calculation for all of my account(s), as specified herein, regarding utility services furnished by the Utility¹.
2. Request and receive copies of correspondence in connection with my account(s) concerning (initial all that apply):
- a. Verification of rate, date of rate change, and related information;
 - b. Contracts and Service Agreements;
 - c. Previous or proposed issuance of adjustments/credits; or
 - d. Other previously issued or unresolved/disputed billing adjustments.
3. Request investigation of my utility bill(s).
4. Request special metering, and the right to access interval usage and other metering data on my account(s).
5. Request rate analysis.
6. Request rate changes.
7. Request and receive verification of balances on my account(s) and discontinuance notices.

¹ The Utility will provide standard customer information without charge up to two times in a 12 month period per service account. After two requests in a year, I understand I may be responsible for charges that may be incurred to process this request.

AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION AND AUTHORIZE MY AGENT TO ACT ON MY BEHALF ON THE FOLLOWING BASIS² (initial one box only):

²If no time period is specified, authorization will be limited to a one-time authorization

- One time authorization only (limited to a one-time request for information and/or the acts and functions specified above at the time of receipt of this Authorization).
- One year authorization - Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the twelve month period from the date of execution of this Authorization.
- Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information and/or for the acts and functions specified above will be accepted and processed each time requested within the authorization period specified herein.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via any one of the following. My (Agent) preferred format is (check all that apply):

- Hard copy via US Mail (if applicable). N/A
- Facsimile at this telephone number: _____ N/A
- Electronic format via electronic mail (if applicable) to this e-mail address: BBPINFO@XOOMENERGY.COM

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. **[This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]**

AUTHORIZED CUSTOMER SIGNATURE

TELEPHONE NUMBER

Executed this _____ day of _____
MONTH YEAR

at _____
CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

704.274.1450

AGENT SIGNATURE

TELEPHONE NUMBER

XOOM ENERGY

COMPANY

Executed this _____ day of _____
MONTH YEAR