



FAX COVER FORM

TO:	XOOM Energy - Commercial Leads	DATE:
NAME	E:	# OF PAGES:
FAX:	877.396.6041	

Company Name:			
Currently buying energy from: O Utility			
O Supplier/Reta	iler		
If Retailer:			
Who:			
Are you under contract? No: O Yes: O	If yes, what is the contract expiration date?	/	/

Minimum threshold for large commercial accounts is \$4,000/month of commodity usage.

BIG BUSINESS PROCESS CHECKLIST

Please make sure you include all items for the option you choose when submitting your lead:

or

Option A

- Big Business Program Fax Cover Sheet Completed
- Letter of Authorization (LOA) Form
 Completed AND Signed (one form per utility)
- Copy of Your Most Recent Natural Gas Invoice/ Statement

PLEASE NOTE:

- XOOM Energy does not forward or keep incomplete documents; if your Big Business Program Package is incomplete you will be required to resend the entire package.
- XOOM Energy is not able to provide service to all types of businesses.
- The Letter of Authorization (LOA) is mandated by the state and required by the utility to release information to XOOM Energy should you choose that option to provide your historical usage information. XOOM Energy cannot modify the LOA.

Option B

- Big Business Program Fax Cover Sheet Completed
- Copies of 12 Months of Consecutive Natural Gas Invoices/Statements (within past 2 years)
- Check the Utility: ○PG&E ○SoCal ○SDG&E
- Completing the Letter of Authorization (LOA) in no way affects your current provider relationship or obligates you to transfer your account or purchase energy from XOOM Energy.
- The reference to potential cost in the INFORMATION, ACTS AND FUNCTIONS AUTHORIZED section of the Letter of Authorization (LOA) is strictly limited to the possibility that your utility may charge a fee for providing copies of your historic usage information. This is not typical, does not benefit XOOM Energy in any way, and is included to protect the utility in the event they opt to charge fees.





Thank you for your interest in XOOM Energy. To proceed in XOOM Energy's Big Business Program, please complete the following forms as instructed below. XOOM Energy's Big Business Process requires historical usage information to create a quote specific to your energy needs. There are two options for acquiring that information: A) Complete the information requested in this packet, OR B) Go online through your utility customer portal and retrieve 12 months of previous invoices and provide that information to XOOM Energy.

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Complete Fax Cover Sheet

Acquire Historic Usage Information

Option A

Complete the Letter of Authorization:

- Please check the appropriate utility. You must complete a separate LOA for each legal entity(s) you enroll. If that entity has locations in more than one utility's service area, you must complete a separate LOA for each utility. Please note SoCal Edison (SCE) is not available.

Complete the Personal Information section.

- List the accounts for which a quote is requested. If you wish to receive a quote for more than three accounts, please list additional accounts on the sheet provided and attach it to the LOA.
- Initial boxes 1, 2a, 2b, 4, 6 & 7 so XOOM Energy may receive your energy history from the utility.
- Initial "One Year Authorization."
- Sign and Date.

Leave blank (for XOOM Energy use only)

Provide copy of most recent natural gas invoice/statement.

Fax all documents to XOOM Energy at 877.396.6041.

Option B

Provide Previous 12 Months of Invoice Copies:

Secure hard copies of previous 12 months Α of invoices for the legal entity(s) you wish to enroll, or access and print copies from the utility's website using their online customer portal.



Attach the invoice copies to the XOOM Energy Fax Cover Sheet and fax to: 877.396.6041.

Check the Utility: OPG&E OSoCal OSDG&E

Account Information For: PG&E

Number of Accounts Submitted _____

CITY	ACCOUNT#	SERVICE ID#
СІТҮ	ACCOUNT#	SERVICE ID#
СІТҮ	ACCOUNT#	SERVICE ID#
CITY	ACCOUNT#	SERVICE ID#
СІТҮ	ACCOUNT#	SERVICE ID#
CITY	ACCOUNT#	SERVICE ID#
	Сітч Сітч Сітч Сітч Сітч Сітч Сітч Сітч	CITY ACCOUNT#

Account Information For: SoCal Gas / San Diego Gas & Electric

Number of Accounts Submitted _____

SERVICE ADDRESS	CITY	ACCOUNT#	METER#
SERVICE ADDRESS	СІТҮ	ACCOUNT#	METER#
SERVICE ADDRESS	CITY	ACCOUNT#	METER#
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SERVICE ADDRESS	CITY	ACCOUNT#	METER#
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SERVICE ADDRESS	СІТҮ	ACCOUNT#	METER#
SERVICE ADDRESS	СІТҮ	ACCOUNT#	METER#
SERVICE ADDRESS	CITY	ACCOUNT#	METER#
SERVICE ADDRESS	СІТҮ	ACCOUNT#	METER#





	HORIZATION TO: REC RMATION OR ACT ON			Please	TTED TO THE FOLLOWING. check all that apply: G&E SoCalGas CE SDG&E
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of					
	123 MAIN STREET MAILING ADDRESS	CITY	CA STATE	34571 ZIP	_ , and do hereby appo
	XOOM ENERGY NAME OF THIRD PARTY	of	13850 BAL		PORATE PLACE, STE 150
	CHARLOT	TE		NC	28277
	CITY			STATE	ZIP
2.					
		CITY			
	ERVICE ADDRESS	CITY		S	ERVICE ACCOUNT NUMBER
3	ERVICE ADDRESS e than three accounts, please list additiona	CITY		this form)	ERVICE ACCOUNT NUMBER
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AUTH	ORIZATION	TO: RECEIVE C	USTOMER INFORM	IATION OR ACT ON A CUSTOMER'S BEHALF
	ON MY BEHA time period is s One time	ALF ON THE FOLI specified, authorization authorization only	LOWING BASIS ² (<u>in</u> on will be limited to a or	ne request for information and/or the acts and functions spec
59		d and processed ea		ion and/or for the acts and functions specified above will be within the twelve month period from the date of execution of th
	(Limited	in duration to three s specified above w	e years from the date	ng with the date of execution until e of execution.) Requests for information and/or for the acts a processed each time requested within the authorization perio
RELE		COUNT INFORMA	ATION:	
		ovide the informat format is (check		ove, to the extent available, via any one of the following. I
	Hard copy	via US Mail (if app	olicable).	
	Facsimile a	at this telephone nu	umber:	
	Electronic	format via electron	nic mail (if applicable)) to this e-mail address:
perjur of Re- that m and p autho releas matte	cord listed at my Agent has perform the s prization reque se the requess ers listed abo es of action, prization; 2) t uant to this Au	the top of this form authority to act on specific acts and est submitted befo sted information on ve. I hereby rele damages, or expe he unauthorized u uthorization, includ	of California that I am n and that I have auth n my behalf and reque functions listed abcore releasing informa my account or facilit ease, hold harmless, enses resulting from use of this information ding rate changes. I	(print name of authorized signatory), declare under penalt in authorized to execute this document on behalf of the Custor thority to financially bind the Customer of Record. I further ce- uest the release of information for the accounts listed on this f ove. I understand the Utility reserves the right to verify ation or taking any action on my behalf. I authorize the Utility tites to the above Agent who is acting on my behalf regarding a, and indemnify the Utility from any liability, claims, demainent ion by my Agent; and 3) from any actions taken by my Ag- I understand that I may cancel this authorization at any time inter by someone who has authority to financially bind
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AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT—READ IT CAREFULLY (Please Print or Type)

I,						
	NAME				TITLE (IF APPL	ICABLE
of	NAME OF CUSTOMER OF REC	CORD		(Custon	ner) have the fo	bllowing mailing address
	MAILING ADDRESS	CITY		STATE	ZIP	, and do hereby appoint
	XOOM ENERGY		of	13850	BALLANTYNE CORF	PORATE PLACE, STE 150
	NAME OF THIRD PARTY				MAILING AD	DRESS
	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
	SERVICE ADDRESS	0111	GERVICE ACCOUNT NOMBER
3			
5.			
	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 (<u>initial</u> all applicable boxes):

1

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.

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 BASIS ² (initial one box only): ² If 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				
RELEA	SE OF ACCOUNT INFORMATION:				
	ility will provide the information requested above, to the extent available, via any one of the following. My) preferred format is (check all that apply):				
	Hard copy via US Mail (if applicable).				
	Facsimile at this telephone number:N/A				
	Electronic format via electronic mail (if applicable) to this e-mail address: <u>ВВРІМЕО@ХООМЕНЕRGY.COM</u>				
of Reco that my and pe authori release matters causes Authori pursua submitt	omer),(print name of authorized signatory), declare under penalty of under the laws of the State of California that I am authorized to execute this document on behalf of the Customer ord listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify Agent has authority to act on my behalf and request the release of information for the accounts listed on this form rform the specific acts and functions listed above. I understand the Utility reserves the right to verify any zation request submitted before releasing information or taking any action on my behalf. I authorize the Utility to the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this zation; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by ing a written request. [This form must be signed by someone who has authority to financially bind the ther (for example, CFO of a company or City Manager of a municipality).]				
	AUTHORIZED CUSTOMER SIGNATURE TELEPHONE NUMBER				
Execut	ed this day of YEAR at				
damag	t), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, es, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the of any action pursuant to this authorization, including rate changes.				

	704.274.1450
AGENT SIGNATURE	TELEPHONE NUMBER
XOOM ENERGY	
COMPANY	
Executed thisday of	