

TO:



CUSTOMER INFORMATION FORM

XOOM Energy - Commercial Division

FAX: 866.452.0053	IBO #:				
DATE:	EMAIL:				
# OF PAGES:	PHONE:				
Company Name:					
Contact:	_Phone:				
Email:					
Currently buying energy from: O Utility					
Supplier/Retailer	Notes:				
If Retailer:					
Who:					
Are you under contract? No: • Yes: • If y	ves, what is the contract expiration date? / /				
Threshold for large commercial accounts is \$					
Big Business Program Customer Information Form Completed	Check the Utility:				
Form Completed	○ PG&E				
 Letter of Authorization (LOA) Form Completed AND Signed (one form per utility) 	○ SoCal				
 Copy of Your Most Recent Natural Gas Invoice/ Statement 	○ SDG&E				

IBO NAME:

PLEASE NOTE:

- ACN/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.
- 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 ACN/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.

1	Complete Customer Information Form
2	Complete the Letter of Authorization:
	A You must complete a separate LOA for each legal entity(s) you enroll.
	B 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 corresponding utility information page provided and attach it to the LOA.
	Print name.
	E Sign and Date.
	F Leave blank (for XOOM Energy use only).
3	Provide the most recent natural gas or electricity invoice/statement for each of the listed accounts/meters.

Fax all documents to ACN/XOOM Energy at **866.452.0053.**





SAMPLE

					sc	E SDG&E
		THIS IS A LEGAL		ACT—READ IT CARE		<u> </u>
			(Please Print or	Type)		
	SOPH	IIE GREEN			CFO	1
',		NAME			TITLE (IF AP	
-f	GREEN	MACHINE INC.		(Custom	out bour the	following moiling address
of		CUSTOMER OF RECORD		(Custon	ier) nave uie	following mailing addres
	123 MAIN STREET		TOWN	CA	34571	, and do hereby appoi
	MAILING ADDRESS		CITY	STATE	ZIP	_ , and do nereby appoin
XOOM F	Energy - California, LLC	("XOOM Energy")	of	11208 ST	ATESVII I E DO	DAD, SUITE 200
XOONE	NAME OF THIRD		01 _	11200 01	MAILING A	
	HU	INTERSVILLE			NC	28078
		CITY			STATE	ZIP
to act as	my agent and consu	Itant (Agent) for t	he listed acco	ount(s) and in t	he categories	s indicated below:
400011	NTO INCLUDED IN TH	IC ALITUODIZATI	ON.	, ,	_	
ACCOUR	NTS INCLUDED IN TH	IS AUTHORIZATI	ON:			
1.						
2.	RVICE ADDRESS		CITY		Si	ERVICE ACCOUNT NUMBER
	RVICE ADDRESS		CITY		SI	ERVICE ACCOUNT NUMBER
3.						
SER	RVICE ADDRESS		CITY		SI	ERVICE ACCOUNT NUMBER
(For more the	than three accounts, please li	JNCTIONS AUTHO	on a separate shee	s authorization	is form) provides au	thority to the Agent. The
(For more the INFORMA Agent maccount function month por I (Custor)	than three accounts, please line ATION, ACTS AND FUre the thereafter provide (s) before any information may result in cost to the total and the there are the the there are the the there are the the there are the	UNCTIONS AUTHORS SPECIFIC Written ation is released or you, the custome	on a separate shee ORIZED – This instructions/r or action is tal er. Requests f	s authorizatior equests (e-ma ken. In certain for informatior	is form) provides au il is acceptab instances, the may be limit	thority to the Agent. The le) about the particular
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SAMPLE

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ACT C	N MY BEHAL	F ON THE FOLLOW cified, authorization will	EASE OF MY ACCC WING BASIS ² (<u>initia</u>	JUNI INFORMATION all one box only):	I AND AUTHORIZE MY AGENT	10
² If no ti	me period is spe	cified, authorization wil	ill be limited to a one-ti	me authorization		:£:!
		e time of receipt of t		equest for information	n and/or the acts and functions sp	ecilled
59	One year a	uthorization - Reque	ests for information	and/or for the acts and	d functions specified above will be	e
		nd processed each t			eriod from the date of execution o	
				vith the date of execut		
		pecified above will be			s for information and/or for the act quested within the authorization pe	
RELE	ASE OF ACCO	OUNT INFORMATIO	ON:			
				to the extent availab	ole, via any one of the following	. My
(Agen	t) preferred fo	rmat is (check all t	that apply):			
	Hard copy via	a US Mail (if applicat	ble).			
	Facsimile at	this telephone numb	oer:			
\checkmark	Electronic for	mat via electronic m	nail (if applicable) to	this e-mail address: _	BBPINFO@XOOMENERGY.COM	_
	tomer),				ed signatory), declare under pen	
of Rec that m and p author	ord listed at the y Agent has au erform the specification request e the requested	e top of this form and athority to act on my ecific acts and funct submitted before red information on my . I hereby release,	d that I have author behalf and request ctions listed above eleasing information account or facilities h, hold harmless, ar es resulting from: 1	ity to financially bind to the release of information. I understand the nor taking any action to the above Agent void individually the Util I) any release of information.	the Customer on behalf of the Customer of Record. I further ation for the accounts listed on the Utility reserves the right to veries on my behalf. I authorize the Uwho is acting on my behalf regard ity from any liability, claims, derormation to my Agent pursuant	certify is form fy any tility to
matter causes Author pursua submit	s of action, darization; 2) the ant to this Authant a written	unauthorized use of orization, including request. [This form	rate changes. I un m must be signed	derstand that I may) from any actions taken by my cancel this authorization at any ti has authority to financially bii).]	nands, to this Agent ime by
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AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

SUBMITTED TO THE FOLLOWING.					
Please check all th	at apply:				
PG&E	SoCalGas				
SCE	SDG&E				

THIS IS A LEGALLY BINDING CONTRACT—READ IT CAREFULLY

(Please Print or Type)

ı.						
,		NAME			TITLE (IF AF	PPLICABLE
of				(Custo	omer) have the	following mailing address
· —		NAME OF CUSTOMER OF RECORD		(•••••	mor, navo ano	ionoming maining address
						, and do hereby appoint
		MAILING ADDRESS CITY		STATE	ZIP	_ , and do nereby appoint
	Y/	DOM Energy - California, LLC ("XOOM Energy")	- f		11208 STATESVILLE	POAD SHITE 200
		NAME OF THIRD PARTY	of		MAILING A	
		HUNTERSVILLE			NC	28078
		CITY			STATE	ZIP
to act as	s my	agent and consultant (Agent) for the lis	ted accou	nt(s) and ir	the categories	s indicated below:
ACCOLL	NTS	INCLUDED IN THIS AUTHORIZATION:				
A0000	1110	INCLUDED IN THIS ACTION.				
1.	N/ICE /	ADDRESS	CITY			ERVICE ACCOUNT NUMBER
2.	(VICE F	NUNESS	CITT		51	ERVICE ACCOUNT NUMBER
	RVICE A	ADDRESS	CITY		SI	ERVICE ACCOUNT NUMBER
3.						
SEF	RVICE A	ADDRESS	CITY		SI	ERVICE ACCOUNT NUMBER
Agent maccount	ust (s) b may	ON, ACTS AND FUNCTIONS AUTHORIZE thereafter provide specific written instrue force any information is released or act y result in cost to you, the customer. Red.	ictions/red ion is take	quests (e-m n. In certa	nail is acceptab in instances, th	ole) about the particular ne requested act or
		authorize my Agent to act on my behalf e boxes):	f to perfori	m the follow	wing specific a	cts and functions (<u>initial</u>
	1.	Request and receive billing records, billing hist account(s), as specified herein, regarding utilit				calculation for all of my
	2.	Request and receive copies of correspondence	e in connect	ion with my a	ccount(s) concerr	ning (initial all that apply):
		a. Verification of rate, date of rate b. Contracts and Service Agreem		nd related info	ormation;	
		c. Previous or proposed issuance d. Other previously issued or unre	of adjustme			
	3.	Request investigation of my utility bill(s).				
	4.	Request special metering, and the right to acco	ess interval	usage and ot	her metering data	on my account(s).
	5.	Request rate analysis.				
	6.	Request rate changes.				
	7.	Request and receive verification of balances o	n my accour	nt(s) and disc	continuance notice	es.

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

ACT OI	N MY BEHALF ne period is spec	ON THE FOLLOW ified, authorization w	VING BAS ill be limited	IS ² (<u>initial</u> of to a one-time	one box only): authorization	ON AND AUTHORIZE MY AGENT TO	
		ithorization only (lire time of receipt of			uest for informa	tion and/or the acts and functions spec	ified
		d processed each				and functions specified above will be h period from the date of execution of t	his
	(Limited in d	ecified above will b	ars from the	e date of ex	ecution.) Reque	ecution untilests for information and/or for the acts requested within the authorization perio	
RELEA	SE OF ACCO	UNT INFORMATIO	N:				
		le the information mat is (check all t			the extent avai	ilable, via any one of the following.	Иy
	Hard copy via	US Mail (if applica	ble).	N/A			
	Facsimile at the	nis telephone numb	er:	N/A			
	Electronic form	nat via electronic m	nail (if appli	cable) to thi	s e-mail address	S: BBPINFO@XOOMENERGY.COM	
that my and pe authoriz release matters causes Authoriz pursuar submitti	Agent has aut rform the spe- zation request the requested listed above. of action, dar zation; 2) the nt to this Authoring a written re	hority to act on my cific acts and fun submitted before r information on my I hereby release mages, or expensunauthorized use prization, including	behalf and ctions liste eleasing in account or a, hold harr es resulting of this info rate chang m must b	d request the d above. formation o r facilities to mless, and g from: 1) prmation by ges. I unde e signed b	e release of info I understand the r taking any act the above Ager indemnify the U any release of my Agent; and rstand that I ma y someone wh	and the Customer of Record. I further commation for the accounts listed on this are Utility reserves the right to verify ion on my behalf. I authorize the Utiling the who is acting on my behalf regarding Utility from any liability, claims, demainformation to my Agent pursuant to d 3) from any actions taken by my Agray cancel this authorization at any time to has authority to financially bind ity).]	form any ty to the nds, this gent e by
		ZED CUSTOMER SIGNATURE				TELEPHONE NUMBER	
Execut	ed this	day of	NTH	YEAR	at	AND STATE WHERE EXECUTED	<u></u> .
damage	t), hereby releases, or expenses	ase, hold harmles	s, and inde use of cus	emnify the l	Itility from any I mation obtained	liability, claims, demand, causes of ac pursuant to this authorization and from	
-	·			-	-	704.274.1450	
AGENT:	SIGNATURE					TELEPHONE NUMBER	
COMPA		California, LLC ("XOOM	Energy")				
Execut		day of		YEAR			
		IVION	111	IEAR			

Account Information For: PG&E

Number of Accounts Submitted _____

SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
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SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#
SERVICE ADDRESS	CITY	ACCOUNT#	SERVICE ID#

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

Number of Accounts Submitted _____

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