



CUSTOMER INFORMATION FORM

TO: **XOOM Energy - Commercial Division**

IBO NAME: _____

FAX: **866.452.0053**

IBO #: _____

DATE: _____

EMAIL: _____

OF PAGES: _____

PHONE: _____

Company Name: _____

Contact: _____ Phone: _____

Email: _____

Currently buying energy from: Utility
 Supplier/Retailer

Notes:

If Retailer:

Who: _____

Are you under contract? No: Yes: If yes, what is the contract expiration date? / /

Threshold for large commercial accounts is \$2,000-\$35,000/month of commodity usage.

Please make sure you include all of the items below when submitting your information:

- Big Business Program Customer Information Form Completed
- Letter of Authorization (LOA) Form Completed AND Signed
- Copy of Your Most Recent Electricity Invoice/Statement

Check The Utility:

- ComEd
- Nicor
- North Shore Gas
- Peoples Gas

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.
- 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.



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. In order to request historical usage, you must complete the attached Letter of Authorization (LOA).

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.
 - C** 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.
 - D** 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.

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

SAMPLE

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

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.

RELEASE OF ACCOUNT INFORMATION:

The Utility will provide the information requested above, to the extent available, via electronic format. My (Agent) preferred format is :

Electronic format via electronic mail (if applicable) to this e-mail address: BBPINFO@XOOMENERGY.COM

D I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of Illinois 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

E 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

F _____
XOOM Energy - Illinois, LLC ("XOOM Energy")
COMPANY

Executed this _____ day of _____
MONTH YEAR

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