



# **CUSTOMER INFORMATION FORM**

NO. #.
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MAIL:
HONE:
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-\$35,000/month of commodity usage.
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submitting your information:
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○ ComEd
gned O Nicor
O North Shore Gas
<ul><li>North Shore Gas</li><li>Peoples Gas</li></ul>

#### **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).
	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 <b>866.452.0053.</b>





# **SAMPLE**

	RIZATION TO: RECE			Please	_	
	THIS	IS A LEGALLY BINDING CON (Please Prin		FULLY		
I,	SOPHIE GREEN	ı		CFC	<b>o</b>	
	NAME			TITLE (IF A	PPLICABLE	
of	GREEN MACHINE  NAME OF CUSTOMER OF		(Custon	ner) have the	following n	nailing addres
	123 MAIN STREET	TOWN	IL	12345	and do	hereby appoir
	MAILING ADDRESS	CITY	STATE	ZIP	, a.i.a ao	
XOOM En	ergy - Illinois, LLC ("XOOM End	ergy") o	f _11208 STATES\	-		
	NAME OF THIRD PARTY	_			ADDRESS	
	HUNTERSVI	ILLE		NC STATE		28078 ZIP
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#### 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 for	mat via electronic mail (i	f applicable) to this	e-mail address: BBPINFO@XOOMENERGY.COM
I (Customer), perjury under the laws of Record listed at the that my Agent has aurand perform the speauthorization request release the requested matters listed above. causes of action, da Authorization; 2) the pursuant to this Authorization a written in	s of the State of Illinois top of this form and that thority to act on my beha- cific acts and functions submitted before releas information on my acco I hereby release, hol mages, or expenses re unauthorized use of the prization, including rate	(print n s that I am authority to at I have authority to alf and request the s listed above. I sing information or bunt or facilities to the d harmless, and in esulting from: 1) are information by rehanges. I understust be signed by	name of authorized signatory), declare under penalty of ized to execute this document on behalf of the Custome of financially bind the Customer of Record. I further certifurelease of information for the accounts listed on this form understand the Utility reserves the right to verify an taking any action on my behalf. I authorize the Utility the above Agent who is acting on my behalf regarding the indemnify the Utility from any liability, claims, demands my release of information to my Agent pursuant to this my Agent; and 3) from any actions taken by my Agent stand that I may cancel this authorization at any time by someone who has authority to financially bind the
AUTHORI	ZED CUSTOMER SIGNATURE		TELEPHONE NUMBER
Executed this	day of		at
	MONTH	YEAR	CITY AND STATE WHERE EXECUTED
damages, or expense		of customer information	ility from any liability, claims, demand, causes of action action obtained pursuant to this authorization and from the changes.
			704.274.1450
AGENT SIGNATURE			TELEPHONE NUMBER
XOOM Energy - I	linois, LLC ("XOOM Ene	rgy")	
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:				
☐ ComEd	☐ North Shore Gas			
Nicor Gas	Peoples Gas			

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

I,						
_	NAME				TITLE (IF A	PPLICABLE
of				(Custor	ner) have the	following mailing address
	NAME OF CUSTOMER OF RECOR	D				
						, and do hereby appoint
	MAILING ADDRESS	CITY		STATE	ZIP	
	XOOM Energy - Illinois, LLC ("XOOM Energy")		of	1120	08 STATESVILLE I	ROAD, SUITE 200
	NAME OF THIRD PARTY				MAILING	ADDRESS
	HUNTERSVILLE				NC	28078
	CITY				STATE	ZIP
to a	ct as my agent and consultant (Agent) fo	or the liste	d accou	ınt(s) and in	the categorie	es indicated below:
ACC	COUNTS INCLUDED IN THIS AUTHORIZA	ATION:				
1.						
	SERVICE ADDRESS		CITY			ACCOUNT NUMBER
2.						
	SERVICE ADDRESS		CITY			ACCOUNT NUMBER
3.						
	SERVICE ADDRESS		CITY			ACCOUNT NUMBER

(For more than three accounts, please list additional accounts on a corresponding utility page)

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED - This authorization provides authority to the Agent.

#### I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions:

- 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 Utility<sup>1</sup>.
- 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;
- 3. Request special metering, and the right to access interval usage and other metering data on my account(s).
- Request rate changes.
- 5. Request and receive verification of balances on my account(s) and discontinuance notices.

#### 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 (ii applicable) to this c	-mail address:BBPINFO@XOOMENERGY.COM
I (Customer),	inancially bind the Customer of Record. I further certify lease of information for the accounts listed on this form nderstand the Utility reserves the right to verify any king any action on my behalf. I authorize the Utility to above Agent who is acting on my behalf regarding the emnify the Utility from any liability, claims, demands, release of information to my Agent pursuant to this Agent; and 3) from any actions taken by my Agent
pursuant to this Authorization, including rate changes. I understa submitting a written request. [This form must be signed by s customer (for example, CFO of a company or City Manager of	omeone who has authority to financially bind the a municipality).]
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# **Account Information For: ComEd**

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

# **Account Information For: Nicor**

SERVICE ADDRESS	CITY	ACCOUNT#
SERVICE ADDRESS	CITY	ACCOUNT#

# **Account Information For: North Shore Gas**

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

# **Account Information For: Peoples Gas**

SERVICE ADDRESS	СІТУ	ACCOUNT#
SERVICE ADDRESS	СІТҮ	ACCOUNT#
SERVICE ADDRESS	СІТҮ	ACCOUNT#
SERVICE ADDRESS	СІТҮ	ACCOUNT#
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