



CUSTOMER INFORMATION SHEET

TO: XOOM Energy - Commercial Leads FAX:	IBO NAME:	
866.452.0053	IBO #:	
DATE:	EMAIL:	
# OF PAGES:	PHONE:	
Company Name:		
Contact:	_Phone:	
Email:		
Currently buying energy from: O Utility		
O Supplier/Retailer	Notes:	
If Retailer:		
Who:		

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

BIG BUSINESS PROCESS CHECKLIST

Please make sure you include all items when submitting your lead:

Big Business Program Customer Information Sheet Completed

Copies of Previous **12 Months** of Natural Gas Invoices/Statements

Check The Utility:

AEP Ohio

Columbia Gas of Ohio

Dayton Power & Light Ohio

Dominion East Gas of Ohio

Duke (Gas and Electric)

Ohio Edison Company (First Energy)

The Illuminating Company (First Energy)

Toledo Edison Company (First Energy)

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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.





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.

	ss requires historical usage information to create a quote specific to your energy needs. Complete Customer Information Form			
2 Con	nplete the Letter of Authorization:			
A	You must complete a separate LOA for each legal entity(s) you enroll.			
В	Complete the Personal Information section.			
C	List the accounts for which a quote is requested. Please list 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).			
	vide the most recent natural gas or electricity invoice/statement for each of listed accounts/meters.			

Fax all documents to ACN/XOOM Energy at 866.452.0053.





SAMPLE

-	AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF			Please chec	nating Company (First Energy abia Gas of Ohio In Power & Light Ohio In East Gas of Ohio (Gas and Electric) Edison (First Energy) In Edison (First Energy)
		(Please Print or	Туре)		
3) of	SOPHIE GREEN NAME GREEN MACHINE	: INC.	(Custor	CFO TITLE (IF APPLICA mer) have the foll	ABLE) Owing mailing address
	NAME OF CUSTOMER OF REC	TOWN	ОН	12345	
	MAILING ADDRESS	CITY	STATE	ZIP	and do hereby appoint
хо	OM Energy - OHIO, LLC ("XOOM E	inergy") of		ATESVILLE ROAD, S	SUITE 200
хо	NAME OF THIRD PARTY	of _		MAILING ADDR	ESS
	Name of Contract Cont	OT_	11208 ST.	MAILING ADDRI 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:

l (Customer),					ory), declare unde	
perjury under the laws Record listed at the top my Agent has authority perform the specific authorization request s release the requested in matters listed above, causes of action, dam Authorization; 2) the u	of this form and to to act on my beliacts and function before a tinformation on my I hereby releasinges, or expensionauthorized use	that I have authorinal and request the constitutions listed above releasing information account or facilities, hold harmless, sees resulting from of this information	ty to financially bir ne release of infor e. I understand cion or taking any ies to the above A and indemnify the in 1) any release on by my Agent;	nd the Customer mation for the the Utility res action on my agent who is an e Utility from of information and 3) from a	er of Record. I furth accounts listed on erves the right to behalf. I authorize cting on my behalf any liability, claim to my Agent pur any actions taken	ner certify the this form a converify a converted the utility regarding the conversion of the thick that the thick t
pursuant to this Author submitting a written re customer (for example	equest. [This for	m must be sign	ed by someone	who has aut		
submitting a written re customer (for example	equest. [This for	m must be sign pany or City Man	ed by someone	who has autoality).]		
submitting a written re customer (for example	equest. [This for e, CFO of a comp	m must be sign pany or City Man	ed by someone	who has autoality).]	thority to financia	
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AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF

SUBMITTED TO THE FOLLOWING.
Please check all that apply:

AEP Ohio

Illuminating Company (First Energy)

Columbia Gas of Ohio

Dayton Power & Light Ohio

Dominion East Gas of Ohio

Duke (Gas and Electric)

Ohio Edison (First Energy)

Toledo Edison (First Energy)

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(Please Print or Type)

NAME OF THIRD PARTY		1		MAILIN	G ADDRESS	
			of			
MAILING ADDRESS		CITY		STATE	ZIP	, and do hereby appoint
of	NAME OF CUSTOMER OF RE	ECORD	(Customer) have the following ma		e following mailing address	
	NAME			TITLE (IF APPLICABLE)		Marin Marin Marin Marin Marin
-	NAME				TITLE //E	ADDITICABLE)

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

ACCOUNTS INCLUDED IN THIS AUTHORIZATION: Please list accounts on corresponding utility account information page(s).

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

- 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.
- 2. Request and receive copies of correspondence in connection with my account(s) concerning:
 - 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.
 - 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 for	mat via electronic mail (if a	applicable) to this e-mail a	address: _	bbpinfo@xoomenergy.com
Record listed at the top my Agent has authority perform the specific authorization request s release the requested matters listed above, causes of action, dan Authorization; 2) the op pursuant to this Autho submitting a written re	of the State of Ohio that of this form and that I have to act on my behalf and acts and functions listed submitted before releasing information on my account hereby release, hold in the hages, or expenses resulting the interval of this interval of this interval of the resulting including rate characteristics.	I am authorized to exect the authority to financially be request the release of infect above. I understand information or taking and tor facilities to the above harmless, and indemnify liting from: 1) any release information by my Agentanges. I understand that be signed by someone	cute this of bind the Control of the Utiny action of Agent who the Utilities of informatic and 3) at I may cone who he	signatory), declare under penalty of document on behalf of the Customer of Customer of Record. I further certify that for the accounts listed on this form and ility reserves the right to verify any on my behalf. I authorize the Utility to tho is acting on my behalf regarding the try from any liability, claims, demands, immation to my Agent pursuant to this from any actions taken by my Agent cancel this authorization at any time by has authority to financially bind the
AUTHOR	IZED CUSTOMER SIGNATURE			TELEPHONE NUMBER
Executed this	day of	at	CITY AND	STATE WHERE EXECUTED
damages, or expense		f customer information ob	tained pu	oility, claims, demand, causes of action, presuant to this authorization and from the
AGENT SIGNATURE				TELEPHONE NUMBER
Executed this	day of	YEAR		

Account Information For: AEP Ohio

SERVICE ADDRESS	CITY	Service Delivery Identifier
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Account Information For: Columbia Gas of Ohio

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

Account Information For: Dayton Power & Light Ohio

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

Account Information For: Dominion East Ohio

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

Account Information For: Duke (Gas and Electric)

SERVICE ADDRESS	СІТУ	ACCOUNT#
SERVICE ADDRESS	CITY	ACCOUNT#
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Account Information For: Ohio Edison Company (First Energy)

SERVICE ADDRESS	CITY	Customer Number
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Account Information For: The Illuminating Company (First Energy)

SERVICE ADDRESS	CITY	Customer Number
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SEDVICE ADDRESS	CITY	Customer Number

Account Information For: Toledo Edison Company (First Energy)

SERVICE ADDRESS	CITY	Customer Number
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Account Information For: Vectren

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