



CUSTOMER INFORMATION SHEET

TO: **XOOM Energy - Commercial Leads FAX:** **866.452.0053** IBO NAME: _____
 IBO #: _____
 DATE: _____ EMAIL: _____
 # OF PAGES: _____ PHONE: _____

Company Name: _____
 Contact: _____ Phone: _____
 Email: _____
 Currently buying energy from: Utility
 Supplier/Retailer
 If Retailer:
 Who: _____
 Are you under contract? No: Yes: If yes, what is the contract expiration date? / /

Notes:

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)**
- Vectren**

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.

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. 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).
-

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

<p style="text-align: center;">AUTHORIZATION TO: RECEIVE CUSTOMER INFORMATION OR ACT ON A CUSTOMER'S BEHALF</p>	<p>SUBMITTED TO THE FOLLOWING. Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> AEP Ohio <input type="checkbox"/> Illuminating Company (First Energy) <input type="checkbox"/> Columbia Gas of Ohio <input type="checkbox"/> Dayton Power & Light Ohio <input type="checkbox"/> Dominion East Gas of Ohio <input type="checkbox"/> Duke (Gas and Electric) <input type="checkbox"/> Ohio Edison (First Energy) <input type="checkbox"/> Toledo Edison (First Energy) <input type="checkbox"/> Vectren
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(Please Print or Type)

B _____ **SOPHIE GREEN** _____ **CFO**
NAME TITLE (IF APPLICABLE)

of **GREEN MACHINE INC.** (Customer) have the following mailing address
NAME OF CUSTOMER OF RECORD

_____ **123 MAIN STREET** _____ **TOWN** _____ **OH** _____ **12345** _____, and do hereby appoint
MAILING ADDRESS CITY STATE ZIP

_____ **XOOM Energy - OHIO, LLC ("XOOM Energy")** of _____ **11208 STATESVILLE ROAD, SUITE 200** _____
NAME OF THIRD PARTY MAILING ADDRESS

_____ **HUNTERSVILLE** _____ **NC** _____ **28078** _____
CITY STATE ZIP

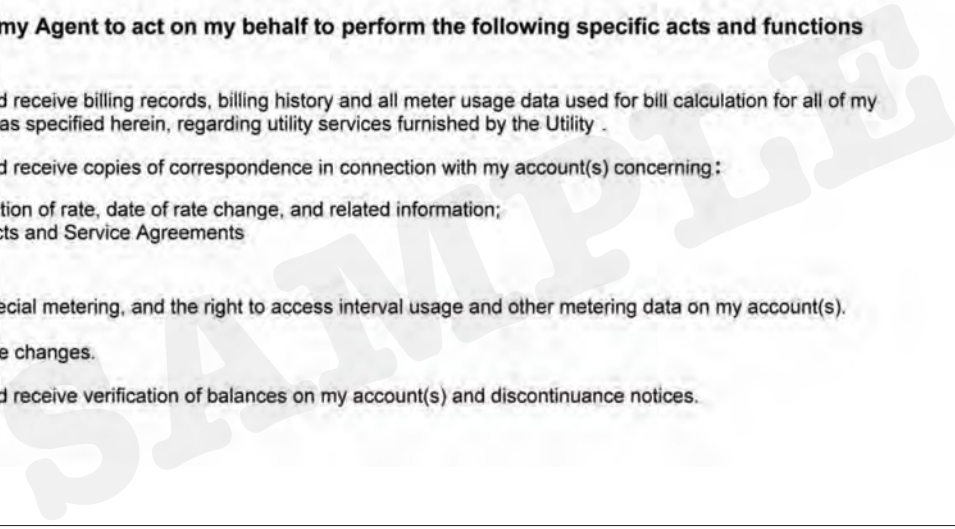
to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

C 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

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 .
2. Request and receive copies of correspondence in connection with my account(s) concerning:
 - 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).
4. Request rate changes.
5. Request and receive verification of balances on my account(s) and discontinuance notices.



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 Ohio 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).]**

E _____ AUTHORIZED CUSTOMER SIGNATURE _____ TELEPHONE NUMBER _____
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 _____ TELEPHONE NUMBER **704.274.1450**
F _____ XOOM Energy - OHIO, LLC ("XOOM Energy") _____
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:**

- 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)
- Vectren

(Please Print or Type)

I, _____
NAME TITLE (IF APPLICABLE)

of _____ (Customer) have the following mailing address
NAME OF CUSTOMER OF RECORD

_____, and do hereby appoint
MAILING ADDRESS CITY STATE ZIP

of _____
NAME OF THIRD PARTY MAILING ADDRESS

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: 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

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 .
2. Request and receive copies of correspondence in connection with my account(s) concerning :
 - 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).
4. 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 (if applicable) to this e-mail address: bbpinfo@xoomenergy.com

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

Executed this _____ **day of** _____
MONTH YEAR

at _____
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

TELEPHONE NUMBER

COMPANY

Executed this _____ **day of** _____
MONTH YEAR

Account Information For: **The Illuminating Company (First Energy)**

Number of Accounts Submitted _____

SERVICE ADDRESS

CITY

Customer Number

SERVICE ADDRESS

CITY

Customer Number

SERVICE ADDRESS

CITY

Customer Number

SERVICE ADDRESS

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