### THANK YOU FOR YOUR INTEREST IN XOOM ENERGY

To proceed in ACN/XOOM Energy's Big Business and Medium Business Programs, please complete the following forms as instructed below. **Following the checklist below will ensure prompt review and follow up.** 

**************************************	CON	IPLETE CUSTOMER INFORMATION FORM
= 1		All contact information is provided
		IBO information is provided and complete
		Under Contract?
		i. Please have the customer confirm if they are under contract and provide the contract terms and end date
Д	CON	IPLETE THE LETTER OF AUTHORIZATION
ك	Indian	a, Kentucky, Michigan and Virginia markets do not apply
		You must complete a separate LOA for each legal entity(s) you enroll
		Complete the Personal Information Section
		List the accounts for which a quote is requested
		Print Name
		Sign and Date
	PR	OVIDE INVOICE COPIES
		Please provide the most recent invoice for each account you will be requesting a quote for
		For Indiana, Kentucky, Michigan and Virginia only— Please provide either 12-months of usage or a legible usage graph for each account

PLEASE BE SURE TO SEND COMPLETE PACKET WITH ALL REQUIRED FORMS TO:

EMAIL: bbpinfo@xoomenergy.com





# CUSTOMER INFORMATION FORM

THRESHOLD FOR LARGE/MEDIUM COMMERCIAL ACCOUNTS IS MORE THAN \$17.000 IN ANNUAL COMMODITY SPEND.

EMAIL: bbpinfo@xoor	menergy.com	IBO NAME:		
ATTN: ACN/XOOM En	ergy Commercial			
Division <b>DATE</b> :	# OF PAGES:	EMAIL:		
		PHONE:		
EMAIL:				
CURRENTLY BUYIN			ADDITIONAL NOTES:	
Utility Suppli	er/Retailer			
IF RETAILER				
WHO				
ARE YOU UND	ER CONTRACT?	IF YES, WHAT IS THE EXPIRATION DATE?		
Yes	No			
PLEASE MAKE	SURE YOU INCLUD		ITEMS BELOW WHEN	
			CHECK THE UTILITY:	
<ul> <li>Big Business Prog Completed</li> </ul>	ram Customer Informatior	n Form	NIPSCO	
	t Recent Invoice. <b>Please p</b> age or a legible usage gr unt)			

#### **PLEASE NOTE:**

ACN/XOOM Energy does not forward or keep incomplete documents; if your Big Business Program Packet is incomplete you will be required to resend the entire packet. Annual spend shall mean per commodity (not combined gas and electric). Any accounts over \$500,000 annual spend will be flagged for internal review prior to any customer contact. 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. 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. 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.







## **AUTHORIZATION FOR RELEASE OF USAGE INFORMATION**

#### **TO: SUPPLIER SUPPORT**

You are hereby authorized and instructed to produce and release, to XOOM Energy LLC, as requested, orally or in writing, from time to time, all information relative to your UTILITY HISTORY, including, but not limited to, consumption history, data for 12 months, load profiles, payment history and 12 months of interval-metered data if available for the accounts listed below and on the Additional Accounts Listing, if attached.

This authorization in no way binds the Customer to purchase any service or product from XOOM Energy LLC and is to be used for the sole purpose of determining in an offer price for electricity/natural gas service. This authorization shall remain in effect until revoked in writing by the undersigned.

# YOUR COMPANY INFORMATION COMPANY NAME: CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_ MAILING ADDRESS: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ The undersigned hereby affirms that he/she is authorized to execute this letter of authorization for release of information on behalf of the Customer identified herein. Authorized Customer Signature Date Print Name TYPE OF DATE REQUESTED (COMPLETED BY XOOM ENERGY LLC) Sixty (60) minute interval data (if available) provided by ASCII text file, or applicable format Monthly summary usage date REQUESTOR/BILLING COMPANY: XOOM Energy LLC REQUESTOR/BILLING NAME: PHONE NUMBER: \_\_\_\_\_ EMAIL: bbpinfo@xoomenergy.com BILLING ADDRESS: 11208 Statesville RD Suite 200 Huntersville, NC 28078 REQUESTOR/BILLING SIGNATURE: \_\_\_\_\_

DATE SIGNED BY REQUESTOR/BILLING CO.:

### **Account Information For: NIPSCO**

#### Number of Accounts Submitted: \_\_\_\_\_

SERVICE ADDRESS	CITY	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)
SERVICE ADDRESS	CITY	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)
SERVICE ADDRESS	CITY	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)
SERVICE ADDRESS	CITY	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)
SERVICE ADDRESS	CITY	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)
SERVICE ADDRESS	СІТҮ	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)
SERVICE ADDRESS	CITY	ZIP	ACCOUNT # (22 DIGITS)
			METER # (7 DIGITS)