

# 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.**



## COMPLETE CUSTOMER INFORMATION FORM

- 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



## COMPLETE THE LETTER OF AUTHORIZATION

**Indiana, 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



## PROVIDE 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:**

**FAX: 866.452.0053**

**EMAIL: [bbpinfo@xoomenergy.com](mailto:bbpinfo@xoomenergy.com)**





## 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

\_\_\_\_\_  
Title

### 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:** 866.452.0053 **EMAIL:** bbpinfo@xoomenergy.com

**BILLING ADDRESS:** 11208 Statesville RD Suite 200 Huntersville, NC 28078

**REQUESTOR/BILLING SIGNATURE:** \_\_\_\_\_

**DATE SIGNED BY REQUESTOR/BILLING CO.:** \_\_\_\_\_



























