

CUSTOMER INFORMATION FORM

TO: XOOM Energy - Commercial Leads

DATE: _____

NAME: _____

OF PAGES: _____

FAX: **877.396.6041**

Company Name: _____

Currently buying energy from: Utility
 Supplier/Retailer

If Retailer:

Who: _____

Are you under contract? No: Yes: If yes, what is the contract expiration date? / /

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

Please make sure you include all of the items below when submitting your information:

- Big Business Program Customer Information Form Completed
- Letter of Authorization (LOA) Form Completed **AND** Signed (one form per legal entity)
- Copy of Your Most Recent Electricity Invoice/Statement
- Check the Utility:
 - AEP - Central
 - AEP - North
 - CenterPoint
 - Oncor
 - Texas - New Mexico Power

PLEASE NOTE:

- 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 is not able to provide service to all types of businesses.
- The Letter of Authorization (LOA) is mandated by the state and required by the utility to release information to XOOM Energy to provide your historical usage information. XOOM Energy cannot modify the LOA.
- 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 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 LOA:

- A** Insert today's date.

- B** Please check the appropriate utility. You must complete a separate LOA for each legal entity(s) you enroll. If more than one utility is chosen please list accounts for each utility on the corresponding Account Information Utility pages and attach them to the one (1) page LOA. DO NOT LIST THE ACCOUNT INFORMATION ON THE LOA.

Please Note: Sharyland and Nueces are not available

- C** List the accounts for which a quote is requested. PLEASE INCLUDE THE COUNTY. If you wish to receive a quote for more than three accounts, please list additional accounts on the corresponding Account Information Utility page and attach it to the one (1) page LOA.

- D** Sign and PRINT company name.

- E** DO NOT CHECK. PLEASE LEAVE BLANK.

- F** Complete the Personal Information Section.

3 Provide copy of most recent electricity invoice/statement.

4 Fax all documents to **877.396.6041**.

**Letter of Authorization for the Request of Historical Usage Information Form
(English)****A***Reference: Section 7.5.1, Overview of the Letter of Authorization for Historical Usage*

Date: _____

Expiration Date: Unlimited**Select Transmission and/or Distribution Service Provider (TDSP) (Required: Select the TDSP the request applies to.)** Oncor CenterPoint Energy Sharyland AEP TNMP Nueces

Please accept this letter as a formal request and authorization for the above referenced TDSP to release energy usage data, including kWh, kVA or kW, and interval data (if applicable) at the following location(s) to <<(NAME OF Competitive Retailer (CR)/representative)>>. This information request shall be limited to no more than the most recent 12-month period of service. If the Electric Service Identifiers (ESI ID(s)) are metered using an Interval Data Recorder (IDR), please indicate whether summary level and/or interval data is required.

 Summary Billing Data Only Interval Data Only Both Summary and Interval Data

Please forward usage and Load information in electronic (Microsoft Excel) format using Retail Market Guide Section 9, Appendices, Appendix A3, Transmission and/or Distribution Service Provider Response to Request for Historical Usage to:

E-mail: <<(EMAIL ADDRESS OF CR/REPRESENTATIVE)>>

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. The TDSP will reject submitted ESI IDs that are not located within the TDSP's territory.

Service AddressESI ID Number (found on bill)**C**

AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

D

(Signature)

(Company)**E**

By checking this box, (requesting party) _____ affirms that they have authorization from the Customer identified below to obtain Customer's historical usage information and holds the TDSP harmless for providing the historical data to requested party as identified on this form.

F

(Name, printed)

(Billing Street Address)

(Title)

(City, State, Zip Code)

(Telephone Number)

Letter of Authorization for the Request of Historical Usage Information Form

Date: _____

Expiration Date/Unlimited: Unlimited

Select Transmission and/or Distribution Service Provider (TDSP) (Required: Select the TDSP the request applies to.)

Oncor

CenterPoint Energy

Sharyland

AEP

TNMP

Nueces

Please accept this letter as a formal request and authorization for the above referenced TDSP to release energy usage data, including kWh, kVA or kW, and interval data (if applicable) at the following location(s) to: **Xoom Energy Texas LLC**. This information request shall be limited to no more than the most recent 12-month period of service. If the Electric Service Identifiers (ESI ID(s)) are metered using an Interval Data Recorder (IDR), please indicate whether summary level and/or interval data is required.

Summary Billing Data Only

Interval Data Only

Both Summary and Interval Data

Please forward usage and Load information in electronic (Microsoft Excel) format using Retail Market Guide Section 9, Appendices, Appendix A3, Transmission and/or Distribution Service Provider Response to Request for Historical Usage to:

E-mail: **bbpinfo@xoomenergy.com**

Service Address

ESI ID Number (found on bill)

AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

(Signature)

(Company)

By checking this box, (requesting party) _____ affirms that they have authorization from the Customer identified below to obtain Customer's historical usage information and holds the TDSP harmless for providing the historical data to requested party as identified on this form.

(Name, printed)

(Billing Street Address)

(Title)

(City, State, Zip Code)

(Telephone Number)

Account Information For: AEP-Central

Number of Accounts Submitted _____

Account Information For: AEP-North

Number of Accounts Submitted _____

Account Information For: **CenterPoint**

Number of Accounts Submitted _____

Account Information For: Oncor

Number of Accounts Submitted _____

Account Information For: Texas - New Mexico Power

Number of Accounts Submitted _____