



CUSTOMER USAGE INFORMATION AUTHORIZATION FORM

Please select your current utility company:

- | | |
|---|--|
| <input type="checkbox"/> Consolidated Edison | <input type="checkbox"/> Orange and Rockland Utilities, Inc. |
| <input type="checkbox"/> Niagara Mohawk Power Corporation | <input type="checkbox"/> Central Hudson Gas & Electric Corporation |
| <input type="checkbox"/> New York State Electric & Gas Corp | <input type="checkbox"/> Long Island Power Authority (LIPA) |

I authorize Stanwich Energy Advisors and Third Party Suppliers to request and review on my behalf, from the local distribution utility, consumption history; billing determinants, credit information, public assistance status; and information pertaining to PSL § 33, tax status and eligibility for economic development or other incentives related to the accounts listed below. This information may be used by Stanwich Energy Advisors and its third party providers to determine whether they will provide energy supply services to my business and will not be disclosed to any other outside party unless required to do so by law. I may rescind this authorization at any time by providing written notice to Stanwich Energy Advisors or contacting Stanwich Energy Advisors via phone at 203-532-5138 This agreement in no way binds the Customer to the purchase of any service or product from the Energy Advisor herein and is to be used for the sole purpose of determining offers and prices of electricity services or the provision of other energy related services. This agreement shall be governed by the laws of New York and the courts in the county in which the Customer is located shall have exclusive jurisdiction over any claim arising under this agreement.

Please submit the following data to:

E-mail: info@stanwichea.com

Fax: 203.485.0512

Data type requested:

- Monthly billing information
- Sixty (60) minute interval data (if available)

1. _____	_____	_____
Service Address	City/State/Zip	Utility Account Number
2. _____	_____	_____
Service Address	City/State/Zip	Utility Account Number
3. _____	_____	_____
Service Address	City/State/Zip	Utility Account Number
4. _____	_____	_____
Service Address	City/State/Zip	Utility Account Number
5. _____	_____	_____
Service Address	City/State/Zip	Utility Account Number

(For more than five accounts, please create an additional spreadsheet listing each account you wish to price)

Name of Authorized Individual: _____

Company name: _____

Address: _____

Telephone number: _____ Ext: _____

Authorized Signature: _____ Date: _____