

# **Customer Usage Information Authorization (Non-Residential)**

The Customer identified below hereby authorizes the Supplier/Consultant/Agent ("Company") identified below to act on Customer's behalf for the purpose of obtaining information about Customer's historical energy usage and billing information. Customer also consents to the release of same so that the Company may evaluate Customer's energy usage patterns and/or make Customer an offer to supply energy. The Company understands that the Utility considers all customer usage information to be confidential. This authorization in no way binds Customer to the purchase of any product or service from the Company and is to be used for the sole purpose of determining the offer price of electricity service or the provision of other energy-related services to Customer.

## **Supplier/Consultant/Agent (please print):**

**NOTE:** Billing information will typically cover the most recent twelve-month period.

Authorized Business Representative \_\_\_\_\_ representing \_\_\_\_\_  
(Individual) (Company)

Email Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Authorized Business Representative Signature Date

## **Customer (please print):**

Authorized Person \_\_\_\_\_ representing \_\_\_\_\_  
(Individual) (Company)

Email Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID # \_\_\_\_\_

\_\_\_\_\_  
Authorized Person Signature Date

**12-digit Account Number(s) (as shown on bill)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE FAX THIS AUTHORIZATION TO  
Conectiv Power Delivery 1-302-709-7545**

**\* Each state and utility has specific rules for releasing information, and this service may be subject to a charge by the utility.**