



CUSTOMER USAGE INFORMATION AUTHORIZATION FORM

Please circle the appropriate utility company:

Consolidated Edison

Central Hudson Gas and Electric Corp

Orange and Rockland Utilities, Inc.

Niagara Mohawk Power Corporation

New York State Electric & Gas Corp (NYSEG)

Other Electricity Provider _____

I authorize Solution Energy and 3rd 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 Solution Energy and its 3rd party suppliers to determine whether they will provide energy supply service to me and will not be disclosed to any other outside party unless required by law. I may rescind this authorization at any time by providing written notice to Solution Energy or calling Solution Energy at 516-801-4331.

Type of Data Requested:

Sixty (60) minute interval data (if available)

Monthly billing information

1.	_____	_____	_____
	SERVICE ADDRESS	CITY/STATE/ZIP	SERVICE ACCOUNT NUMBER/UTILITY
2.	_____	_____	_____
	SERVICE ADDRESS	CITY/STATE/ZIP	SERVICE ACCOUNT NUMBER/UTILITY
3.	_____	_____	_____
	SERVICE ADDRESS	CITY/STATE/ZIP	SERVICE ACCOUNT NUMBER/UTILITY
4.	_____	_____	_____
	SERVICE ADDRESS	CITY/STATE/ZIP	SERVICE ACCOUNT NUMBER/UTILITY
5.	_____	_____	_____
	SERVICE ADDRESS	CITY/STATE/ZIP	SERVICE ACCOUNT NUMBER/UTILITY
6.	_____	_____	_____
	SERVICE ADDRESS	CITY/STATE/ZIP	SERVICE ACCOUNT NUMBER/UTILITY

(For more than six accounts, please list additional accounts on a separate sheet and attach it to this form)

Please submit this data to:

FAX: 516-801-4332

E-mail:Eric.Greenberg@Solution-Energy.com

Name of Authorized Individual _____

Company Name _____

Address _____ State _____ Zip _____

Telephone _____ Ext. _____

Authorized Signature _____ Date _____