

Purpose

The attached Letter of Authorization gives Champion permission to request your historical usage and other details about your commercial meter(s) from your local poles and wires company. Completing the LOA does not obligate you in any way to sign up for service with Champion.

Instructions

Follow these easy steps to submit a Letter of Authorization to Champion:

- 1) Fill out the information on the attached form completely
(if you have more than 6 meters, please attach separate sheet)
- 2) Attach a copy of your most recent invoice from you current provider
- 3) Fax the completed form and invoice to Champion at **281-653-5080**

Thank You!

LETTER OF AUTHORIZATION FOR THE REQUEST OF HISTORICAL USAGE INFORMATION

Date: _____

Expiration Date: _____

LIST TDU (List TDUs that apply to request)

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> TXU/Oncor | <input type="checkbox"/> CenterPoint | <input type="checkbox"/> Nueces |
| <input type="checkbox"/> AEP | <input type="checkbox"/> TNMP | <input type="checkbox"/> Entergy Texas |

Please accept this letter as a formal request and authorization for the above referenced Distribution Company (TDU) to release energy usage data, including kWh, kVA or KW, and interval data (if applicable) at the following location(s) to Champion Energy Services. This information request shall be limited to no more than the most recent 12-month period of service.

If an attachment is used, please use a separate attachment per TDSP with the ESIDs that are specific to a TDSP. TDSP will reject if ESIDs are submitted that are not associated with their territory.

Service Address

ESI Number (found on bill)

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

Please forward usage and load information in electronic (Microsoft Excel) format to:

E-mail: pricing@championenergyservices.com

AUTHORIZATION

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

(Signature)

(Company)

(Name, printed)

(Billing Street Address)

(Title)

(City, State, Zip Code)

(Email Address)

(Telephone Number)