



PO Box 15052
T 888.470.6301

York, PA 17403
F 717.771.1796

Letter of Authorization

Date:
Business Name:
Address:
City: _____ State: _____ Zip: _____
DUNS Number: _____ or Tax ID Number: _____
Contact Person: _____ Title: _____
Phone: _____ Fax: _____
E-mail Address:
Sales Consultant:

I hereby authorize EnergyObjective, its agents, or the licensed suppliers it has contracted with to request my account information from my electric utility.

Signature: _____ Date: _____

Are you currently with an alternate supplier for Electricity? Yes No

If so, end month of current contract? Month: _____ Year: _____

Are you currently with an alternate supplier for Natural Gas? Yes No

If so, end month of current contract? Month: _____ Year: _____

Utility Account Information

Service Address	Utility Account Number	Utility	Rate Class

Service Address	Utility Account Number	Utility	Rate Class

Service Address	Utility Account Number	Utility	Rate Class

(Include additional accounts on a separate sheet)

Fax completed form and utility bill copies to 717.771.0796 or scan and email to contactus@energyobjective.com



Additional Accounts

Service Address	Utility Account Number	Utility	Rate Class

Service Address	Utility Account Number	Utility	Rate Class

Service Address	Utility Account Number	Utility	Rate Class
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Signature: _____ Date: _____

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