## CUSTOMER USAGE INFORMATION AUTHORIZATION (Non-Residential)

I hereby authorize my electric utility to act in my behalf for the purpose of obtaining information about my historical energy usage and billing information and consent to the release of same so that the Company named herein may evaluate my energy usage patterns and make me an offer to supply energy. The utility considers all customer usage information to be confidential. This authorization in no way binds me to the purchase of any service or product from the Company named herein and is to be used for the sole purpose of determining my offer price of electricity service or the provision of other energy-related services.

	representing	
(Individual)	(Co	ompany)
Address		
Email Address	Phone Num	nber()
Type of Data Requested (select one	<del>)</del> ):	
	ata (if available) provided in ASCII text file (will be provided if 60 minute interval data is	unavailable)
NOTE: Billing information w	vill typically cover the most recent tw	velve-month period.
Company Information (ple	ease print):	
My Utility		
CompanyName		
Address		
City	State Zip	
Business Contact Name	Telephone Number ( )_	
Party other than customer to be Bill	led, if allowed by your utility:	
Business Representative's Signature		Date
	ys from the above date, unless otherwise ind lid until(date & initial)	licated.
Accoun	nt Number(s) (As shown on Late	est Bill)
	PLEASE FAX THIS AUTHORIZATION	
Atlantic City Electric 1-800-967- PSEG 908-931-91	7044 JOI QL	732-695-5400 ectric 914-577-3602

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