



## Information Release Authorization

Constellation NewEnergy, Inc

**Serves Commercial and Industrial Electric Commodity Accounts in the following Utility Territories:**

(Please check all that apply to your accounts)

<input type="checkbox"/>	Central Hudson Gas & Electric (10 digits)	<input type="checkbox"/>	Consolidated Edison (15 digits)
<input type="checkbox"/>	National Grid (10 digits)	<input type="checkbox"/>	New York State Electric & Gas (N01 plus 12 digits)
<input type="checkbox"/>	Orange & Rockland (10 digits)	<input type="checkbox"/>	Rochester Gas & Electric (Starts R01, plus 12 digits)
<input type="checkbox"/>	PSEG/Long Island Power Authority	<input type="checkbox"/>	

### UTILITY ACCOUNT NUMBER(S) OR POD ID(S)


My signature below indicates my consent and authorization for Constellation NewEnergy, Inc., its affiliates and agents (together "Constellation") to request and receive information from the applicable utility regarding the past 24 months of billing information, consumption history; billing determinants; credit information; public assistance status; historical demand response program enrollment and performance information; and information pertaining to PSL § 33, tax status and eligibility for economic development or other incentives.. I hereby affirm that (1) I am authorized to sign this Authorization on behalf of (a) the entity for which I am signing and (b) the account numbers/POD IDs listed, and (2) the account numbers/POD IDs provided are a true and current listing of the account numbers/POD IDs assigned by the applicable utility. This authorization shall remain in effect for the later of six (6) months from the date herein or for as long as an energy supply agreement remains in effect. **I may rescind this authorization at any time by providing written notice to Constellation or calling Constellation at 1-888-262-4648.** By signing this Agreement, I authorize you as our agent for receiving your billing information from my Utility and for procuring and scheduling the transmission and ancillary services necessary to deliver electric generation services purchased by us to the Utility's system.

☐ By checking this box the signatory indicates that s/he is an agent for the Customer identified below and is granted the authority through a written agreement with the Customer to consent to the release of the information identified above to electricity suppliers. As agent, you hereby indemnify Constellation against any claims pertaining to your authorization in executing this document.

Signature:	Date:
Signatory Name:	Signatory Title:

Customer's Legal Name (include DBA, if applicable):	
Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CUSTOMER'S NOTICES ADDRESS:	CUSTOMER'S INVOICES ADDRESS (if different from Notices)
Attn:	Attn:
Phone:	Phone:
Fax:	Fax:
Email:	Email: