

CUSTOMER AUTHORIZATION FORM FOR CURRENT BILLING DATA

NYSEG General Retail Access Program

**New York State Electric & Gas Corporation
P.O. Box 5224
Binghamton, NY 13902-5224**

Customer must provide all information as shown on the NYSEG bill.

Customer Name: _____
(Name of customer financially responsible for the account)

Service Address: _____

Account or POD Id Number: _____

NYSEG Meter Number: _____

CUSTOMER MUST SIGN:

I understand as a condition of participating in NYSEG's General Retail Access Program, NYSEG will provide the supplier specific data required for customer billing. This information includes, but is not limited to, NYSEG's electric meter numbers associated with the above account; kWh, kW, RKVAH, as appropriate, including on- and off-peak data, revenue and service class, load profiles, tax district, meter read dates and type of meter reading. My signature indicates that I have read this statement and give my consent and authorization.

My signature below indicates that I have read the entire statement above and give my consent and authorization for NYSEG to release billing data to the ESCO designated below.

Financially Responsible Customer Signature: _____

Date:_____

(ESCO's Name)

(ESCO's Phone Number)

(ESCO's Address)

(Address--con't)