



To Whom It May Concern:

Please be advised that \_\_\_\_\_ (“Customer”) hereby appoints Good Energy, L.P., serving as affiliate for The Cincinnati USA Regional Chamber and/or The Clermont Chamber of Commerce, as its agent with authority to act on Customer’s behalf in regards to the following functions including:

- Secure information for commodity pricing, tariff and/or tariff rate contracts, rate comparisons, notices of tariff changes, billing/cost information, load data, interval load data, and credit information.

Information is to be provided as requested by Good Energy, L.P. via written or electronic format to the following address:

info@goodenergy.com  
Good Energy, L.P.  
3053 Williams Creek Drive  
Cincinnati, Ohio 45244  
Phone: 513-696-9855  
Fax: 513-672-9855

**This Letter of Authorization does not extend the right for Good Energy, L.P., The Cincinnati USA Regional Chamber, or The Clermont Chamber of Commerce to sign or execute any contract for Customer without the express written consent of Customer.**

Customer would like Good Energy, L.P., serving as affiliate for The Cincinnati USA Regional Chamber and/or The Clermont Chamber of Commerce, to obtain bids on Customer’s behalf from all Certified Retail Energy Suppliers providing electricity in the State of Ohio. Customer hereby authorizes Good Energy to act as Customer’s agent for the sole purpose of granting like authorization to Certified Retail Electricity Suppliers to receive Data directly from the local distribution utility company.

This agency authorization shall be effective from the date written below and shall remain in full force and effect until terminated by Customer or Good Energy, L.P. upon written notice. Notice information for said parties is set forth below:

Business Name on Account: \_\_\_\_\_

Legal Business Name (if different): \_\_\_\_\_

Primary Billing Address: \_\_\_\_\_

Current Electric Provider: \_\_\_\_\_

Expiration date of existing supply contract if applicable: \_\_\_\_\_

Customer Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

The above information should be provided to Good Energy, L.P. for the following accounts:

Account #: _____	Account #: _____
Account #: _____	Account #: _____
Account #: _____	Account #: _____
Account #: _____	Account #: _____

This authorization is effective as of the date of the signature below and remains an open authorization until rescinded.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

