

To Whom It May Concern:

Please be advised that _____ (“Customer”) hereby appoints Good Energy, L.P., serving as affiliate for the Peoria Area Chamber of Commerce, as its exclusive agent with authority to act on Customer’s behalf in regards to the following functions including, but not limited to:

- 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.
- Deal with Certified Retail Energy Providers, Utilities and others in issues relating to agreements, assignments and other related issues.

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

Good Energy, L.P.
232 Madison Avenue, Third Floor
New York, NY 10016
Phone: 212-792-0222 Fax: 866-275-3083
Email: pricing@goodenergy.com

This letter of authorization does NOT extend the right to Good Energy, L.P. or the Peoria Area 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 Peoria Area Chamber of Commerce, to obtain bids exclusively on Customer’s behalf from all Certified Retail Energy Suppliers providing electricity and natural gas in the State of Illinois.

Customer hereby authorizes Good Energy to act as Customer’s agent for the sole purpose of granting like authorization to third party electric and natural gas 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 thirty (30) days prior written notice. Notice information for said parties is set forth below:

Business Name on Account: _____
Legal Business Name (if different): _____
Billing Address: _____
Current Certified Retail Electric Provider & Contract Expiration Date if applicable: _____
Customer Contact Person: _____
Email: _____ Phone: _____
Federal Tax ID (optional): _____ Fax: _____

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: _____

