



LETTER OF AUTHORIZATION

REQUEST FOR ACCOUNT & METER NUMBERS

Date: _____ Expiration Date: _____

LDC (Local Distribution Company): _____

Please accept this letter as a formal request and authorization for the above referenced Local Distribution Company (LDC) to release natural gas account/meter usage and billing information for the following location(s) to Tradition Energy and any of its 3rd party suppliers that request such data by use of this form.

Service Locations:

Business Name (as billed by LDC): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Fax: _____

Please authorize and email the requested account and meter information to:

(Email Address)

AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all service locations that are associated with this request.

(Signature)

(Company)

(Name, Printed)

(Billing Street Address)

(Title)

(City, State, Zip)

(Email Address)

(Telephone Number)



LDC Account Listing:

Account Identifier: _____

Account Identifier: _____

Account Identifier: _____

**** A separate sheet will be provided for requests of more four or more accounts**