



Energy & Environmental Management Consultants



## Electricity and Natural Gas Supply Services

### AUTHORIZATION & APPLICATION FORM

ELECTRIC AND NATURAL GAS BILLING, PAYMENT HISTORY, ACCOUNT SERVICE DATA, AND CREDIT DATA SUPPLIER AUTHORIZATION

**“Customer” Location:**

Legal “Customer” Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Authorized “Customer” Representative (the person signing the supplier contract):**

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell phone or alternate contact number (day of bid): \_\_\_\_\_

**Alternate “Customer” Representative:**

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell phone or alternate contact number (day of bid): \_\_\_\_\_

**Credit References:** Bank Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Has the **"Customer"** filed for bankruptcy within the last five years?  Yes  No

**AUTHORIZATION:**

The **"Customer"** hereby authorizes the local Energy Distribution Company (EDC) to permit the authorized **"Licensed Electricity and/or Natural Gas Service Supplier"** to directly receive **"Customers"** most recent twenty-four (24) months electric/natural gas account data and twelve (12) months of payment history for the Account Numbers with meters located at the address shown on ATTACHMENT A. The authorized **"Licensed Electricity and/or Natural Gas Service Supplier"** has the right to use the information provided and to retain the information in its files, and disclose it to any authorized employee, agent, or representative. The authorized **"Licensed Electricity and/or Natural Gas Service Supplier"** hereby agrees not to sell or otherwise disclose said information to any third party not authorized in writing by **"Customer"**, for the purposes of such third party marketing to, or soliciting business from **"Customer"**.

**"Customer"** hereby authorizes **"Licensed Electricity and/or Natural Gas Service Supplier"** to process this Authorization for credit review and approval. All information provided will be held in strict confidence and used only by **"Licensed Electricity and/or Natural Gas Service Supplier"** or its affiliates, in making its credit evaluation.

**"Customer"** hereby authorizes and designates CQI Associates, LLC as the exclusive authorized representative for the management of Customer's electricity distribution, electricity supply services, natural gas supply, gas supply transportation, and related procurement and account enrollment services.

**"Customer"** hereby authorizes the **"Licensed Electricity and/or Natural Gas Service Supplier"** to deal directly with CQI Associates, LLC representatives on any and all matters pertaining to the collection of data and to receive pricing and invoicing information as it pertains to Client's electricity and natural gas procurement information, in order for CQI Associates, LLC to manage and evaluate the electricity and/or natural gas pricing requests.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE SIGNATOR IS AN AUTHORIZED REPRESENTATIVE OF THE **"CUSTOMER"** AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND ACCURATELY REFLECTS THE **"CUSTOMER'S"** CURRENT BUSINESS CONDITION AND ACCOUNT STATUS.

**On behalf of "Customer":**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**"Customer"** Authorized Representative

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

Data in this box is to be filled in by the Suppliers

THE UNDERSIGNED HEREBY CERTIFIES THAT THE SIGNATOR IS AN AUTHORIZED REPRESENTATIVE OF THE "LICENSED ELECTRICITY AND/OR NATURAL GAS SERVICE SUPPLIER" AND AGREES TO THE CONDITIONS OF THIS AUTHORIZATION.

**On behalf of the "Licensed Electricity and/or Natural Gas Service Supplier":**

Signed: \_\_\_\_\_  
"Licensed Electricity and/or Natural Gas Service Supplier"  
Representative or Agent

Company Name: \_\_\_\_\_

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

*CQI Associates, LLC is not liable for any fees or penalties from Applicants/Customers current or future third party electricity and/or natural gas supply company or the current utility distribution service company.*

*CQI Associates, LLC requires that "Customers" management, staff, associates, consultants, and contractors shall not disclose the contents or terms of this document and the proprietary information developed and provided by the CQI Associates, LLC to a third party, except in order to comply with the implementation of this Authorization and any applicable law, order, or regulation.*

**ATTACHMENT - A**

**ELECTRICITY ACCOUNTS**

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Are your accounts in a supply contract with a third party supplier?**

\_\_\_\_ Yes \_\_\_\_ No

**If Yes:** Who is the supplier? \_\_\_\_\_

What is the current contract termination METER READ DATE \_\_\_\_\_

**Submit a copy of the current signed contract with your Application**

**Submit One Copy of your current local utility distribution company bill, all pages, for each account number shown above with your Application**

**NATURAL GAS ACCOUNTS**

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Are your accounts in a supply contract with a third party supplier?**

\_\_\_\_ Yes \_\_\_\_ No

**If Yes:** Who is the supplier? \_\_\_\_\_

What is the current contract termination METER READ DATE \_\_\_\_\_

**Submit a copy of the current signed contract with your Application**

**Submit One Copy of your current local utility distribution company bill, all pages, for each account number shown above with your Application**

## **Terms and Conditions**

Participation in the Cooperative **REQUIRES** continuous membership in the chamber during the full term of the Agreement. If your membership is not current, you must bring your account current to participate. Submission of the application for participation in the cooperative does not include fees for membership. If your membership is not current, the application for cooperative participation will not be processed.

The Applicant/Customer understands that this application is for a new and renewal electricity and or natural gas supply services contract obtained through the Commercial Energy Cooperative Program and CQI Associates. Market prices and regulations impact the terms, time, and rates of the supplier offer. The contract offer prices will be based on current market conditions. The current "Standard Offer Rates" are used as the "price to compare" or "benchmark price" to determine if a supplier's offer is economically viable.

A period of time could elapse from the date this Application is submitted and the time when market rates are at a point where a price offer will be recommended that is lower than the current or projected utility company "Standard Offer Rates".

The Applicant/Customer understands and agrees that the suppliers will review credit and payment history data to determine if they will serve the designated accounts. The decision on credit and service is at the sole determination of the selected supplier. The Applicant/Customer assures CQI Associates, and the selected supplier that they are not in a current supply services contract that would prohibit enrollment into the new contract offered. If customer is in a third party contract, all data, copy of contract and contract end date is to be provided for proper transition from one contract to the next in this application. The Applicant understands that they assume full responsibility for any fees or penalties incurred as a result of not providing necessary information requested in this application.

The Applicant/Customer agrees that they will make a decision on the day contracts are offered to accept or reject the offer. The Applicant/Customer understands that the timeframe could be less than four hours to make the decision. The Applicant/Customer understands that the potential suppliers will conduct credit verification and can elect to not issue a contract due to credit review. The term cooperative is being used to express that the program is an aggregation purchasing program connecting applicant with a supplier in accordance with the regulations permitting customer choice.

Signature of the Applicant/Customer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Peoria Area Chamber of Commerce  
100 SW. Water Street  
Peoria, Illinois 61602**

Please fax documents to 217-791-5295 attn: Brian McLemore

**The application deadline for the Chamber of Commerce Energy Purchasing Cooperative program is Friday March 28, 2014 12:00 noon.**

If you have any questions contact Brian McLemore with CQI Associates at [brian@cqiassociates.com](mailto:brian@cqiassociates.com) or call 217-855-8417.

