

Information Release Authorization


Serves Commercial and Industrial Electric Commodity Accounts in the following Utility Territories:
(Please check all that apply to your accounts)

<input type="checkbox"/>	PSEG	<input type="checkbox"/>	Atlantic City Electric
<input type="checkbox"/>	Rockland Electric Company	<input type="checkbox"/>	Jersey Central Power & Light

UTILITY ACCOUNT NUMBER(S)

My signature below indicates my consent and authorization for Catalyst Power, its affiliates and agents (together "Catalyst") to request and receive information from the applicable utility regarding the past 24 months of billing information, consumption history; billing determinants; credit information; public assistance status; historical demand response program enrollment and performance information and information pertaining to PSL § 33, tax status and eligibility for economic development or other incentives. I hereby affirm that (1) I am authorized to sign this Authorization on behalf of (a) the entity for which I am signing and (b) the account numbers listed, and (2) the account numbers provided are a true and current listing of the account numbers assigned by the applicable utility. This authorization shall remain in effect for the later of four years from the date herein or for as long as an energy supply agreement remains in effect. **I may rescind this authorization at any time by providing written notice to Catalyst or calling Catalyst at 1-888-789-7250**

☐ By checking this box the signatory indicates that s/he is (1) registered as a broker or consultant (or otherwise) with the NJ Board of Public Utilities as required by law and (2) an agent for the Customer identified below and is granted the authority through a written agreement with the Customer to consent to the release of the information identified above to electricity suppliers. As agent, you hereby indemnify Catalyst against any claims pertaining to your authorization in executing this document or your authority as a broker or consultant in New Jersey.

Signature:	Date:
Signatory Name: 	Signatory Title:

Customer's Legal Name (include DBA, if applicable):	
Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CUSTOMER'S NOTICES ADDRESS:	CUSTOMER'S INVOICES ADDRESS (if different from Notices)
Attn:	Attn:
Phone:	Phone:
Fax:	Fax:
Email:	Email: