## **Letter of Authorization**

## **SECTION 1**

Company Name:			
Company Address:			
City:	Sta	ite:	Zip:
Electric/Natural Gas Suppliers in writing, from time to time, a billing and payment history, c metered data if available for the This authorization in no way be Power Solutions, LLC or any purpose of determining an of remain in effect until revoked in I realize that under the rules a	licensed by the P Il information relationsumption historie account listed are binds our Companiother Licensed Elefer price for our enterprice for	Public Service Comrive to our UTILITY by for 12 months, lond on Additional Accept to the purchase electric/Natural Gas delectricity or natural dersigned.	or Power Solutions, LLC and all other mission as requested by them, orally or HISTORY, including, but not limited to, and profiles, and 12 months of interval counts list, if attached.  Of any service or product from Premier Supplier and is to be used for the sole gas service. This authorization shall Commission, I may refuse to allow my and I freely give my utility permission to
Print Name:			
Print Name:		Title:	
		Title:	FAX:
Signature:	Email:		FAX:
Signature:  Date:  SECTION 2  For each account, pleas	se send ALL pa	Phone:  ages of a recent	electric and/or natural gas bill Premier Power Solutions, LLC
Signature:  SECTION 2  For each account, pleas along with your comple via email to info@trustp  For Internal Use Only:	se send ALL pa	Phone:  ages of a recent	electric and/or natural gas bill Premier Power Solutions, LLC
Signature:  Date:  SECTION 2  For each account, pleas along with your comple via email to info@trustp	se send ALL pa	Phone:  ages of a recent	electric and/or natural gas bill Premier Power Solutions, LLC