



**Information Release Authorization Form**

My signature below indicates my consent and authorization to request and receive information from the applicable utility regarding the past 24 months of billing information and consumption history.

Energy Now Consultants LLC is an agent for the customer identified below and is granted the exclusive authority through this authorization form to the release of the information identified to electricity/ gas suppliers.

Business/Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax Exempt: \_\_\_\_\_ (Yes or No)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please include a copy of your electric &/or gas invoices for each account.**

Please email: [energynowconsultants@gmail.com](mailto:energynowconsultants@gmail.com)

Contact: Joanne Foresta (c) 518-316-0509

Referral through

