



To Whom It May Concern:

Please be advised that \_\_\_\_\_ (“Customer”) hereby appoints Good Energy, L.P., serving as the retained consultant for the Education Services Commission of New Jersey (“ESCNJ”), as its exclusive agent with authority to act on Customer’s behalf in regards to the following functions including, but not limited to:

- Secure information for commodity pricing, tariff and/or tariff rate contracts, rate comparisons, notices of tariff changes, billing/cost information, load data, interval load data, and credit information.
- Deal with Energy Providers, Utilities and others in issues relating to Agreements, Assignments and other related issues.

Information is to be provided as requested by Good Energy, L.P. via written or electronic format to the following address:

Good Energy, L.P.  
232 Madison Avenue, Third Floor  
New York, NY 10016  
Phone: 212-792-0222  
Fax: 866-275-3083  
Email: [energy@escnj.us](mailto:energy@escnj.us)

This authorization agreement does NOT extend the right for Good Energy, L.P. or ESCNJ to sign or execute any commodity contract for Customer without the express written consent of Customer.

Customer would like Good Energy, L.P., serving as the consultant for ESCNJ, to obtain bids exclusively on Customer’s behalf from all certified Retail Electric Providers and all Retail Natural Gas Providers supplying electricity and natural gas in all deregulated states.

Customer hereby authorizes Good Energy to act as Customer’s agent for the sole purpose of granting like authorization to third party electric and natural gas suppliers to receive Data directly from the local distribution utility company.

This authorization agreement shall be effective from the date written below and shall remain in full force and effect until terminated by Customer or Good Energy, L.P. upon thirty (30) days prior written notice. Notice information for said parties is set forth below:

Business Name on Account: \_\_\_\_\_  
 Legal Business Name (if different): \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Current Retail Energy Provider(s): \_\_\_\_\_  
 Customer Contact Person: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

The above account information should be provided to Good Energy, L.P. for the following programs (check all that apply):

- Electricity Program – Please complete ESCNJ Electric Agreement and Account Information  
 Natural Gas Program – Please complete ESCNJ Natural Gas Agreement and Account Information

\*Account information may be attached as a spreadsheet

This authorization is effective as of the date of the signature below and remains an open authorization until rescinded.

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