



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 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 / No)

Signature: _____ Date: _____

Please include 2 months of electric &/or gas invoices for each account.

Please email: energynowconsultants@gmail.com

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

