

AUTHORIZATION TO RECEIVE CUSTOMER INFORMATION OR ACT UPON A CUSTOMER'S BEHALF

THIS IS A LEGALLY BINDING CONTRACT , PLEASE READ CAREFULLY
(Please Print or Type in the Highlighted Areas)

I, _____
NAME TITLE

of _____ (Customer) have the following mailing address
NAME OF CUSTOMER OF RECORD (COMPANY NAME)

_____, and do hereby appoint
MAILING ADDRESS CITY ST ZIP

The Stone River Group LLC of 9668 Crossbow Dr, Bloomington, IL 61705, to act as my agent and consultant (Agent) for the listed account(s) and in the categories indicated below:

INFORMATION, ACTS AND FUNCTIONS AUTHORIZED – This authorization provides authority to the Agent. The Agent must thereafter provide specific written instructions/requests (e-mail is acceptable) about the particular account(s) before any information is released or action is taken. In certain instances, the requested act or function may result in cost to you, the customer.

I (Customer) authorize my Agent to act on my behalf to perform the following specific acts and functions:

Request and execute Contracts and Service Agreements for Electric and/or Natural Gas Supply.

(INITIAL HERE)

Request and execute Contracts and Service Agreements for Electric and/or Natural Gas Supply for future contracts (AUTO RENEWAL)

(INITIAL HERE)

*Termination: 30 day notice is required to terminate this authorization. Notice can be emailed or mailed to address above.

I (Customer), _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of Illinois that I am authorized to execute this document on behalf of the Customer of Record listed at the top of this form and that I have authority to financially bind the Customer of Record. I further certify that my Agent has authority to act on my behalf and request the release of information for the accounts listed on this form and perform the specific acts and functions listed above. I understand the Utility reserves the right to verify any authorization request submitted before releasing information or taking any action on my behalf. I authorize the Utility to release the requested information on my account or facilities to the above Agent who is acting on my behalf regarding the matters listed above. I hereby release, hold harmless, and indemnify the Utility from any liability, claims, demands, causes of action, damages, or expenses resulting from: 1) any release of information to my Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Agent; and 3) from any actions taken by my Agent pursuant to this Authorization, including rate changes. I understand that I may cancel this authorization at any time by submitting a written request. [This form must be signed by someone who has authority to financially bind the customer (for example, CFO of a company or City Manager of a municipality).]

AUTHORIZED CUSTOMER SIGNATURE

SIGNATURE PHONE

PRINTED NAME

TITLE

Executed this _____ day of _____ at _____
MONTH YEAR CITY AND STATE WHERE EXECUTED

I (Agent), hereby release, hold harmless, and indemnify the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

AGENT SIGNATURE

SIGNATURE PHONE

PRINTED NAME

TITLE

Executed this _____ day of _____ at _____
MONTH YEAR CITY AND STATE WHERE EXECUTED