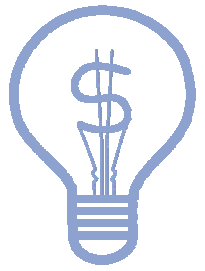




# The Fox, Smolen & Associates Electric Coalition



is the quick, easy and safe way to  
**SAVE MONEY ON YOUR ELECTRICITY BILLS!**

## **eas·y·forms** (*ē'zē·fôrmz*) *n.*

*(Origin: FSA's Electric Coalition- Fox, Smolen & Associates)*

- 1) Forms which allow competitive electric bids to be acquired with ease; posing no difficulty: *EasyForms only take 5 minutes to complete.*
- 2) Free from fees, risk or obligation: *After sending in EasyForms, there is no obligation until you receive and accept a quote.*
- 3) Requiring or exhibiting little effort or endeavor; simple:

Just Follow These 3 Steps...

1. **Fill in and sign the bottom portion of the Letter of Authorization. We'll fill in the rest of the form.**
2. **Complete the Customer Information Form.**
3. **Locate 3 recent electricity bills for each account.**

**FAX both forms AND your bills to:**

**(512) 322-0884**

**Attn: Jason O'Krent**



*If you have any questions, please call (888) 822-9090 x104*

Fox, Smolen & Associates, Inc. is an aggregator registered with the  
Public Utility Commission of Texas (Registration No. 80056).



# FOX SMOLEN & ASSOCIATES

TELECOMMUNICATIONS AND ENERGY SOLUTIONS

707 West Avenue ♦ Suite 207 ♦ Austin, TX ♦ 78701

Phone 888.822.9090 ♦ Fax 512.322.0884

## LETTER OF AUTHORIZATION FOR THE REQUEST OF HISTORICAL USAGE INFORMATION

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

Expiration Date: \_\_\_\_\_

### LIST TDU (Check TDUs that apply to request)

Oncor

CenterPoint

Sharyland

AEP

TNMP

Entergy Texas

Please accept this letter as a formal request and authorization for the above referenced Distribution Company (TDU) to release energy usage data, including kWh, kVA or KW, and interval data (if applicable) at the following location(s) to **Fox, Smolen & Associates**. This information request shall be limited to no more than the most recent 12-month period of service.

If an attachment is used, please use a separate attachment per TDSP with the ESI IDs that are specific to a TDSP. TDSP will reject if ESI IDs are submitted that are not associated with their territory.

Service Address

ESI ID Number (found on bill)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please forward usage and load information in electronic (Microsoft Excel) format to:

E-mail: [aggregation@foxsmolen.com](mailto:aggregation@foxsmolen.com)

### AUTHORIZATION

I affirm that I have the authority to make and sign this request on behalf of my company for all ESI IDs that are associated with this request.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Name, printed)

\_\_\_\_\_  
(Billing Street Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Telephone Number)

**CUSTOMER INFORMATION FORM**

Legal Name of Your Company or Organization \_\_\_\_\_ (Please Print)

Name of Person Who Will Make the Decision and Sign the Contract \_\_\_\_\_ (Please Print)

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you prefer to receive printed information by email or fax? \_\_\_\_\_ Email \_\_\_\_\_ Fax

Who is your current electricity provider? \_\_\_\_\_

Are you currently under a contract? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(If you are not certain, please contact your current provider. The telephone number is on your bill)*

If "yes", when does your current contract expire? \_\_\_\_\_  
*(If you are not certain, please contact your current provider for the EXACT date. The telephone number is on your bill)*

Tax Id # \_\_\_\_\_ Is your organization tax exempt? \_\_\_\_\_ Yes \_\_\_\_\_ No

Fox, Smolen & Associates (PUCT Registration No. 80056) will abide by all Public Utility Commission of Texas rules. FSA will be paid by the chosen Retail Electric Provider. The contract is between the member and the Retail Electric Provider they choose as a result of this process and FSA assumes any liability as a result of the contract.

**Representation Agreement**

**I authorize Fox Smolen & Associates to act as my exclusive broker and present a complete comparison of competitive offers from multiple Retail Electric Providers.**

By: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company or Organization: \_\_\_\_\_