

**Account Access Authorization**  
**Please fax the completed form to:**  
**1-866-998-1882**

**LOWER WATT, LLC**  
**(732) 637-WATT(9288)**  
**enroll@lowerwatt.com**

Company Information

Company's Legal Name	Phone Number	Extension
Billing Address (Street)	City	State Zip
Authorizing Individual	Title	Email

Utility Information

Name on Utility Bill	Utility Name	G/E/Both	Account ID	Service Address	City	State	ZIP

I hereby authorize Lower Watt LLC to act as my agent for the purpose of obtaining information about my historical energy usage and billing information from my utility and consent to the release of this information to Lower Watt LLC and/or any electricity or natural gas supplier to whom Lower Watt LLC submits my account information so that they may evaluate my energy-usage patterns and make me an offer to supply my energy. This form is valid for six (6) months from the date on which this form is signed. At that time, all customer-usage information will again be considered confidential by the utility. In the event that I enroll to purchase electricity or natural gas supply through Lower Watt LLC this authorization will be valid as long as I am a customer. This authorization in no way binds me to the purchase of any service or product from Lower Watt LLC or any energy supplier, nor does it allow Lower Watt LLC to execute any contract on my behalf. It is to be used for the sole purpose of determining my price for natural gas and/or electric supply service

Signature of Authorized Representative	Lower Watt LLC will contact you to discuss our offers	Date
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