

# Letter of Authorization



Company Name \_\_\_\_\_

Parent Co. (if different than above) \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Numbers:

_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I certify that I am at least 18 years of age. I am the customer or I am authorized by the customer to order service(s) for the number(s) listed above.
2. I am authorizing PGP Energy to act as my Consultant/Agent to obtain any and all customer service records and information on our account for numbers listed above.
3. This Letter of Authorization shall continue for a period of 90 Days from the date signed below.
4. This Letter of Authorization does not permit PGP or its agents to make any changes to service or contracts. It only allows PGP to access information on my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Name (please print)

\_\_\_\_\_  
PGP Electric Sales ID

Please fax this authorization along with a current Electric bill to 631-656-2512  
or email to [cgrekin91@aol.com](mailto:cgrekin91@aol.com). Thank you.