



Natural Gas Supplier Authorization Form

(Please complete one copy of this form for each Electric Distribution Utility)

Customer Name: (Name of ownership/business as seen on utility bill) _____

Billing Address: _____

Utility Name: _____

Utility Acct: 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Attach additional account numbers) PSE&G Customers Include 20-digit PODID PG#

This is to advise all parties that we authorize Metromedia Energy, Inc. pursuant to the New Jersey Coalition of Automotive Retailers (NJCAR) Referral Agreement to be our exclusive representative for the negotiation of any Natural Gas Supply Agreement, and to have exclusive access to our customer information for the sole purpose of determining any offer price of natural gas service or the provision of other energy-related services.

We authorized Metromedia Energy, Inc. to act in our behalf to secure all Natural Gas Distribution Utility records and information on an ongoing basis unless and until we direct you otherwise in writing, including at a minimum the customer's account number, data about meter readings, rate class and natural gas usage, twelve month payment history, the customer's name, address(es) and telephone number or other information consistent with Public Service Commission rulings. Thank you for your prompt attention to this matter.

UPON COMPLETION PLEASE FAX TO:
609.883.1093

If you have any questions or concerns regarding this form, please call *Judi McGinley* at 609.883.5056, Ext. 338 or *Gail Caputi* at 609.760.2043 (Cell).

Signed: _____

Date: _____

Print Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

E-Mail: _____

