



Exclusive MAAGIC Power Shop Electric 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. _____ Rate Sched: _____

2. _____ Rate Sched: _____

3. _____ Rate Sched: _____

4. _____ Rate Sched: _____

5. _____ Rate Sched: _____

6. _____ Rate Sched: _____

(Attach additional account numbers)

This is to advise all parties that we authorize Metromedia Power, Inc. pursuant to the The Mid-Atlantic Aggregation Group Independent Consortium, LLC ("MAAGIC") Referral Agreement to be our exclusive representative for the negotiation of any Electric Power Supply Agreement, and to have exclusive access to our customer information for the sole purpose of determining any offer price of electricity service or the provision of other energy-related services.

We authorize Metromedia Power, Inc. to act in our behalf to secure all Electric 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 electric 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:
732-518-5213**

**If you have any questions or concerns
regarding this form, please call
Tom at 1-800-828-9427 Opt. 1 Ext. 0031**

Signed: _____

Date: _____

Print Name: _____

Title: _____

Phone: _____

Fax: _____

