RBDBCC Electricity Buying Group

DELMARVA POWER CUSTOMER USAGE INFORMATION AUTHORIZATION

I hereby authorize Delmarva Power to release my historical energy usage and billing information on my electric accounts to the entity detailed below. This entity is authorized to evaluate my energy usage patterns. The utility considers all customer usage information to be confidential. The consultant listed below is also authorized by the customer to provide third party suppliers access to customer's historical billing data for the purpose of developing pricing proposals requested by the consultant on the customer's behalf.

This authorization in no way binds me to the purchase of any service or product from Delmarva Power and is to be used for the sole purpose of determining my offer price of electricity service or the provision of other energy-related services.

Consultant Information: ***No need to change or complete this section.***

Ed Jackson representing **Affinity Energy Management, LLC**
(Individual) (Company)
Consultant Mailing Address **220 Cherry Blossom Place**
City, State, Zip **Hockessin, DE 19707** Email Address **Edjacksonenergy@aol.com**
Phone Number **(302) 218-8920** Fax Number **1-866-480-7811**
Consultant Billing Address **220 Cherry Blossom Place**
City, State, Zip **Hockessin, DE 19707**

Type of data requested (select one):

___ Sixty (60) minute interval data (if available) $150 for 12 months/$40 for 1 month

Select requested delivery method: **X** Email OR _____ 3.5 Disk by Mail

Select requested format: _____ Excel 95 OR **X** Excel 97

X Monthly consumption* (will be provided if 60 minute interval data is unavailable) $5 for 12 months)

NOTE: *Monthly consumption information will typically cover the most recent twelve-month period and will be emailed to the supplier/consultant. The supplier/consultant will be billed for this information service directly.

Customer Information (from Delmarva Power bill - please print):

Customer or Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone: _____ FAX: _____ Email: _____

_____ _____
Customer Representative's Signature Date

Delmarva Power Account No. Service Address as Shown on Delmarva Power Bill

_____ _____

_____ _____

_____ _____

Please list additional accounts on separate sheet if necessary

Return completed form to Affinity Energy Management, LLC, 220 Cherry Blossom Place, Hockessin, DE 19707 (FAX 1-866-480-7811) or the RBDBCC Office by February 13, 2009.
$50.00 application fee must accompany this form.