DATA AUTHORIZATION FORM
AUTHORIZATION TO OBTAIN NATURAL GAS BILLING AND PAYMENT HISTORY DATA

Please check all that apply: _____ Baltimore Gas & Electric Company
_____ Washington Gas Light Company

Between AOBA Alliance, Inc., Constellation NewEnergy, Inc., and

_____, the "Customer".
(Customer's Legal Name)

Customer hereby authorizes the local distribution companies marked above to permit Constellation NewEnergy, Inc. (CNE) and AOBA Alliance, Inc. (AAI) to directly receive customer's most recent (from the date of this Agreement) twenty-four (24) months and future months of natural gas billing data and twelve (12) months of payment history data for all accounts listed below. The payment history data may include, but is not limited to, late payment, final notice, returned check and disconnect information. CNE and AAI expressly reserve the right to use such data, retain the data in its files, and disclose it to any authorized employee, agent or representative. CNE and AAI hereby agree not to sell or otherwise disclose said billing information to any third party not authorized in writing by Customer, for the purposes of such third party marketing to, or soliciting business from, Customer.

This Data Authorization Form also provides authorization for CNE to access credit information, if any, previously provided to Pepco Energy Services.

The Customer does NOT authorize CNE and/or its affiliates to release customer-specific billing information, including but not limited to: customer name, billing address, service address, account(s), phone number(s), rate classification, usage information, charges for service and payment history.

Signed: _____ Date _____
(Customer Representative or Agent)

Print Name: _____

Print Title: _____

Phone: _____

E-Mail _____

NOTE TO CUSTOMER: It is crucial that you provide us with the Service Address and Account number, which is required by the local distribution companies in order to obtain your data. Please provide that data below. If there are more than five (5) accounts, please send the data in a Microsoft Excel format to Laura Corso at CNEMid-AtlanticSale@constellation.com. If you have any questions, please contact either Frann Francis or Tausha Taylor at (202) 296-3390.

Please return this form via fax to Laura Corso at (443) 213-3299 *and* Tausha Taylor at (202) 296-6987.

	Service Address	Account #
1		
2		
3		
4		
5		