



Letter Of Authorization / Exclusivity

Company Name: _____ are Authorizing Name: "Faraz Khan" from "Choose My Power" to represent you as your Energy Broker. The Intent is to shop for daily pricing for your properties and provide you with the best current rates available from various Venders. During this period, you are authorizing "Choose My Power" to be your exclusive Energy Broker.

Company Name / Legal Entity Name: _____

Address: _____

Phone: _____

Email: _____

Contact: _____

Title: _____

Signature: _____

Date: _____

SINCERELY

FARAZ KHAN

(Note: For Any Reason. If you wish Terminate our AGREEMENT, Please Send Advance Email To ChooseMyPower@outlook.com. No Changes will be made Once REP AGREEMENT Contracts Are Signed and Processed.)



Choose My Power
We do connection right!

Service Addresses

No.	ESI ID Number	Service Address Number & Street	City	Zip	Term Start Date	Switch Type
1						
2						
3						
4						
5						
6						
7						

Email: choosmypower@outlook.com

Call Us: (832) 509-1997

Choose My Power - Texas deregulated Markets Only

Agreement to Receive Electronic Communication

1. Name:
First Name Middle Name Last Name

2. Date of Birth:
MM DD YY

3. Initial Below:

I DO Agree
Initial

I DO NOT Agree
Initial

That the business may communicate with me electronically at the email address and/or phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the business any updates to my email address and / or mobile phone number.

4. Most Preferred Method of Communication:

- Text Message Email

5. I would Like to Receive:

- Appointment Reminders Information Regarding Billing
 Requests for Customer Satisfaction reviews

6. Contact Information



Choose My Power

We do connection right!

My Email

My Phone

I can withdraw my consent to electronic communications by calling / emailing:

INSERT OFFICE NAME

INSERT PHONE NUMBER

INSERT OFFICE EMAIL ADDRESS

7. Signature

Date of Signature

MM

DD

YY

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