

Multi-Location Enrollment Form- Illinois

Thank you for choosing XOOM Energy! This form is to enroll multiple residential or business accounts with XOOM Energy. Make sure you provide all the information requested exactly as it appears on your utility bill. Please enter all the accounts you wish to enroll with XOOM Energy on the corresponding utility account information pages, as well as supplying a copy of one bill for each account listed below. Once completed, please date and sign the form, and include one current invoice copy for each account listed, and email that information to **bbpinfo@xoomenergy.com**. **All accounts must be billed under one legal entity.** If you prefer to submit account details as an excel spreadsheet, please ensure all data requested below is present for each account. All of this information must be included in order to process enrollments.

IBO Name	Michelle Marshall	IBO Business ID #	03791912
IBO Email	NOTE: Brokers are Limited Liability @ gmail com	IBO Phone #	2692891065
Company Name			
Billing Address			
Phone/Fax #			
Tax ID #			
Contact Name			
Email			

Select Your Utility

- Ameren
 ComEd
 Nicor Gas
 North Shore Gas
 Peoples Gas

Select Your Plan

One utility and one plan must be selected in order to process your enrollment

Residential

 Business

By signing below, I acknowledge I am authorized to sign and make binding decisions on behalf of these accounts and accept full responsibility for any liabilities incurred under any one or all of the account(s). I also understand that my acceptance into the XOOM Energy program is contingent on a credit review, and by signing below, I am authorizing XOOM Energy to review my credit. Rates are subject to change and will be determined based on the posted rate on the ACN/XOOM Energy website for the type of plan and term selected on the date of Energy Service Agreement Execution.

THIS IS NOT AN ENERGY SERVICE AGREEMENT. MY ACCOUNTS/METERS WILL NOT SWITCH TO XOOM ENERGY UNTIL I EXECUTE AND RETURN AN ENERGY SERVICE AGREEMENT

Signature _____ Print Name _____

Title _____ Date _____

