

**Clearview Electric  
Pre Pay Program  
Letter of Agreement**

Customer Billing Name: \_\_\_\_\_  
Customer Billing Address: \_\_\_\_\_  
Customer Service Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
ESI ID or Account #: \_\_\_\_\_

**By signing below, I am authorizing Clearview Electric to become my new Retail Electric Provider (REP). I authorize Clearview Electric to act as my agent to make this change, and direct my current REP to work with Clearview Electric to make this change. I am at least eighteen years of age and legally authorized to change REPs for the address listed above. I have read and understand this Letter of Authorization. I acknowledge receipt of Clearview Electric Sales Agreement Terms of Service; Your Rights As A Customer Disclosure; the Clearview Electricity Facts Label for my specific Rate Plan; and a copy of this Authorization.**

**I have been given reasonable opportunity to read these and to ask questions. I understand that collectively, these documents constitute my agreement for service from Clearview Electric. I understand that I may cancel this agreement without penalty within three federal business days by calling Clearview Electric at 1-800-527-3233. I further authorize Clearview Electric to obtain from my present REP, electricity usage and payment history and to obtain my credit information from an accredited credit agency.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witnessed By: \_\_\_\_\_ Phone: \_\_\_\_\_**