



## TEXAS CHAMBER OF COMMERCE ENERGY ASSOCIATION

### *EDINBURG CHAPTER*

**Only 5 minutes of your time could  
save you 65%  
on your  
**ELECTRICITY BILLS!****

Receive free competitive bids with no obligation from over a dozen of the top electric companies in the state. By utilizing our buying power, we are able to negotiate lower rates for the individual Chamber Members. Through our blind bidding process, we pool your electricity usage with those of other members to obtain the best possible rates.

Get started today. The process is quick and easy:

1. Complete and sign the industry-standard Letter of Authorization form.
2. Locate 1 bill for each meter.
3. Fax both items to your TCCEA representative:

**Fax: (800) 380-3395**

**Attn: Rafael Rodriguez**

If you have any questions, please call Rafael Rodriguez at (956) 624-3812.

**Texas Chamber of Commerce Energy Association**  
Edinburg Chapter

**LETTER OF AUTHORIZATION FOR THE  
REQUEST OF HISTORICAL USAGE INFORMATION**

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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**LIST TDU (List TDUs that apply to request)**

Oncor

CenterPoint

Sharyland

AEP

TNMP

Nueces

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Please accept this letter as a formal request and authorization for the above referenced Distribution Company (TDU) to release energy usage data, including kWh, kVA or KW, and interval data (if applicable) at the following location(s) to **Vault Energy Solutions**. This information request shall be limited to no more than the most recent 12-month period of service.

If an attachment is used, please use a separate attachment per TDSP with the ESIDs that are specific to a TDSP. TDSP will reject if ESIDs are submitted that are not associated with their territory.

Service Address

ESI Number (found on bill)

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Please forward usage and load information in electronic (Microsoft Excel) format to:

E-mail: [LOA@vaultelectricity.com](mailto:LOA@vaultelectricity.com)

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**AUTHORIZATION**

I affirm that I have the authority to make and sign this request on behalf of my company for all ESIDs that are associated with this request.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Name, printed)

\_\_\_\_\_  
(Billing Street Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Telephone Number)

**Please fax the completed form to 800-380-3395.**