

**AUTHORIZATION FOR RELEASE OF BILLING AND CONSUMPTION
INFORMATION**

ACCOUNT NUMBER(s):

FROM:

Customer Name

Customer Address

Customer Phone Number

AUTHORIZATION AND CONSENT

1. The undersigned customer of record authorizes the release of any and all data and information pertaining to the customer's natural gas service accounts and requests a 3rd party billing, for the months of _____ through _____, _____, be provided to SourceGas Energy Services at the address listed below.
2. If total monthly gas service is less than \$10, a split billing will not be provided for that month.
3. When the billing splits to a fraction of a cent, the fractional remainders will be allocated to the SourceGas customer of record.
4. Customer of record understands and agrees that he is responsible for payment of the bill to SourceGas.
5. Customer authorizes SourceGas Energy Services to provide billing information to the parties he has designated and understands that this is provided as a courtesy service only. This authorization is good only for the current program year.
6. Customer agrees that SourceGas Energy Services assumes no liability, expressed or implied, by offering this split bill option. Additionally, SourceGas Energy Services is not responsible for the calculations of the SourceGas bill.
7. Customer of record may cancel this authorization at any time by giving a 30 day written notice to SourceGas Energy Services.

All data and information are to be sent directly to:

SourceGas Energy Services
610 Central Avenue
Kearney, NE. 68847

Phone 1-800-413-1966
FAX (308) 865-6410

Executed this _____ day of _____, 20__

Customer Signature: _____

Customer Printed Name: _____



BILL SPLIT INFORMATION

1. SourceGas Energy Services is pleased to offer a Split Billing option for our customers. The split bill is being provided as a courtesy service only.
2. All payments are to be made directly to SourceGas or as agreed upon between the parties.
3. Courtesy statements from SourceGas Energy Services will be mailed within approximately 3 days of the SourceGas service bill.
4. Gas service charges billed by SourceGas will be split as designated.
5. SourceGas Energy Services will provide split billing information for the months of _____ through _____, _____.
6. If the SourceGas monthly gas service billing is less than \$10, a split billing will not be provided that month.
7. When the billing splits to a fraction of a cent, the fractional remainders will be allocated to the Source Gas customer of record.
8. The customer of record is ultimately responsible for payment of the bill to SourceGas. All SourceGas policies regarding delinquency or collections remain in effect.

Account # _____

Split % _____
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Split %: _____
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Split % _____
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Split % _____
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Return this form and the authorization form to: SourceGas Energy Services
610 Central Avenue
Kearney, NE. 68847