



Credit Authorization Form

First name (Primary Name on Account) Last Name MI

First Name (Additional Name on Account) Last Name MI

Service Address (not P.O. Box) Apartment #

City State Zip Email Address

Primary Phone Alternate Phone

Billing/Mailing Address (if different from above – this may be P.O. Box) City State Zip

SSN # (Primary Name) DOB (MM/DD/Year) SSN # (Additional Name) DOB (MM/DD/Year)

EIN# Electric Service Identifier (if available)

By signing below, I acknowledge and agree that:

- I am at least 18 years old and legally authorized to select or change retail electric providers at the address listed above. I am voluntarily choosing to select or change retail electric providers and grant authorization to Texas Power to take the necessary steps to enroll the service address listed above. I understand that if there are two names listed on the account, both are jointly and severally liable as customers on the account.
- I grant authorization to Texas Power to review my eligibility for the service requested above that may include requesting information from consumer credit reporting agencies and/or requesting detailed payment report from my previous electric provider(s) in order to verify my payment history necessary to examine my creditworthiness. If I do not meet the eligibility requirements, I fully understand that I may be required to pay a deposit to enroll in the service listed above.

Authorized Signature Date Secondary Authorized Signature (If joint account) Date