

St. Lawrence Gas Retail Access Program

Customer Credit History Authorization Form

Please PRINT all information. –I hereby give consent for the Marketer listed below to receive 12 months payment history for my account located at the address below.

Please mail completed, signed form to: St. Lawrence Gas, P.O. Box 270, Massena, NY 13662.

Marketer Information

Marketer Name: _____
Street Address: _____
City / State / Zip: _____
Contact: _____

Account Information (as it appears on your St. Lawrence Gas bill)

Customer Name: _____
Account Number: _____
Service Address: _____
City / Town: _____

Customer Contact Information

Mailing address: _____

Daytime phone number: _____
Email address: _____

Customer Signature _____
Date: _____

By submitting this form you are authorizing St. Lawrence Gas to provide the Marketer with 12 months payment history. The payment history will be limited to whether or not you had late payments and /or had been disconnected during the past 12 months.