



OFFICIAL LETTER OF EXCLUSIVITY

Thank you for considering Utiliz LLC for your energy procurement needs. So that we may solicit competitive bids from suppliers on your behalf, please complete the information below and sign in the space provided. **Your signature does not obligate you or your company to purchase electricity or natural gas through us or any Supplier, it merely enables us to gather the information needed to provide you a proposal.**

By completing this form:

- You confirm that you are the authorized representative for the account(s) listed below
- You authorize Utiliz exclusively to contact your current 3rd party retail supplier (if any) to obtain your current contract's end date and any applicable early termination fees.
- You authorize Utiliz and any suppliers from which we solicit prices to obtain and review information from your local utility company regarding your historical energy usage and load factor. The supplier may perform a "soft" credit check using the information provided below which will not affect your credit score.

We will use the information gathered to solicit offers of services from one or more suppliers and the suppliers will use the information to determine whether they will provide you with an offer of services and be willing to commence supply services to you. Neither we nor such suppliers will disclose any of your information to other parties unless required by law.

This exclusive authorization is intended to comply with the provisions of the laws and regulations of your state of incorporation and your state's public utility regulatory commission.

This exclusive authorization will remain in effect for the greater of a period of 90 days from the date of your signature below or the termination date of any subsequent energy brokerage agreement entered into between you and us. You may rescind this authorization at any time by providing notice to us by email at support@justviv.com calling us at 1-844-707-5757, or writing to the postal address below.

Company Name: _____ Tax ID: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Representative Name: _____ Title: _____

Signature: _____ Date: _____

Viv Network, LLC & Utiliz, LLC, 20 Ketchum St., 2nd Floor, Westport, CT 06880 Tel: (833) 848-5433