

Letter of Authorization

To Whom It May Concern:

Permission is hereby granted to Dalrada Energy Services. to act as our agent and to have copies of the billing history, agreements, and Customer Service Records for the account number(s) shown below. This authorization will remain in effect for a period of 24 months.

Audit Company:

Contact Name(s):

Consultant Address:

Consultant
Telephone:

Consultant Email
Address:

I maintain that I have the authority to sign on the behalf of the referenced business.

Sincerely,

(Sign)

Name:

Title:

Date:

Federal Tax ID # _____