



# BUSINESS CENTER RELEASE OF CUSTOMER INFORMATION

- I give full authorization for the authorized party listed below to discuss/receive my account(s) billing information.
- I give full authorization for the authorized party listed below to modify/create my account(s).

Authorized Party Company Name
Authorized Party Name <i>(Please complete this field if authorizing specific employees only. If left blank, all employees of the company will be considered authorized)</i>
Mailing Address
Phone Number

- Authorization valid for all accounts under Company/Corporation name, including DBA's (attach list if needed)
- Authorization only valid for accounts listed below (attach list if needed)

ACCOUNT NUMBER	SERVICE ADDRESS

TO BE COMPLETED BY CUSTOMER OF RECORD	
Signature: _____ Printed Name: _____	
Legal Business Name	Title
E-Mail Address	Telephone Number(s)
Date	Tax ID

**Release expires 12 months after date signed.  
In order to complete your request, the Customer of Record needs to complete entire form.**

Email completed form to: <a href="mailto:businesscenter@cmsenergy.com">businesscenter@cmsenergy.com</a> Fax completed form to: 877-232-4745 or mail to: <div style="text-align: center; margin-top: 5px;">           Consumers Energy Business Center            4000 Clay Avenue SW            Grand Rapids, MI 49548-3017         </div>
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**If you have any questions, please contact us at 800-805-0490 or by email at [businesscenter@cmsenergy.com](mailto:businesscenter@cmsenergy.com)**