



ELECTRIC UTILITY AUTHORIZED PERSONNEL FORM
FOR HAWAIIAN ELECTRIC BUSINESS ACCOUNTS

Please fill this form out completely to ensure your order can be processed

Today's Date: _____

Type of Business:

Business Telephone Number: _____

Account Number/Business Partner: _____

Mailing Address(es): _____

Any additional accounts with HECO (reference): _____

Authorized Agent/Agents

Level of Authorization:

Individual's Name, Title & Contact #:
Individual's Name, Title & Contact #:
Individual's Name, Title & Contact #:
Individual's Name, Title & Contact #:
Individual's Name, Title & Contact #:

FOR HAWAIIAN ELECTRIC USE ONLY

Commercial Account Manager Statement:

- *The above-named individuals have been granted authorization from the Customer of Record (owner, officer, partner, etc.) to initiate and perform the transactions listed above, including those which may have a financial impact on the Customer of Record.*
- *This authorization is to remain in effect until it is rescinded or modified by the Customer of Record.*
- *As the responsible account manager for the aforementioned Business Partner, I agree to re-certify the list of authorized individuals for this Business Partner on a bi-annual basis.*
- *This original document will be filed with the Customer Accounts Division.*

Commercial Account Manager: _____

Customer's Name: _____ Title: _____

Date: _____