UTILITY MONITORING AGREEMENT Between

CLIENT:

AMERICAN UTILITY BILL AUDITORS, INC.

PO Bo	x 970145	And	Address			
	Raton, Florida 33497-0145		City:	State:	Zip:	
	852-1872 X 301(Admin) / FAX (561) 477-3	3100	Phone:	Fax:		
E-Mail	l: auba@auba.net		Contact & E Mail Address	s:		
I. The	undersigned or any affiliates, hereinafter called DITORS, INC., hereinafter called AUBA, to serve as	CLIENT, their utility	have entered into an agreement auditing professionals for the under	in writing this date with ersigned, concerning the follo	AMERICAN UTILITY BILI wing UTILITY bills:	
AUI	1. Telephone 2. Electric 3. Water & Sewer 4 BA makes no guarantee as to the amount of recovery and		Vaste 6. Petroleum Products 7. Other if any at all exists.	er:		
AUI OVI docu Reg	AUBA agrees to examine CLIENT's utility accounts. AUBA will coordinate with the utilities and determine the proprietary audit methods, if monthly services are being OVERCHARGED, and if inefficient services or tariff violations may now exist, or have existed on previous billings. AUBA will request and prepare in its discovery, all documentation deemed appropriate to negotiate (if necessary) with the proper UTILITY COMPANY (S), TELEPHONE COMMUNICATION COMPANY (S) or Regulatory Authorities to have OVERCHARGES removed, in the form of REFUNDS and/or CREDITS. In addition, after AUBA submits reviewed findings to CLIENT in our written audit update report (s), by specific issues, information can be used to request REFUNDS or seek to reduce future billing (s) approved by CLIENT.					
CLI	COVERED OVERCHARGES ENT agrees to pay AUBA (50%) of ALL RECOVERE Itility's invoice reflecting the credit(s). Where there is N					
In the inefa	FURE BILLING REDUCTION (Savings) he event AUBA is successful in obtaining a REDUCT ficient mechanical and electrical systems, or any comb CUMULATIVE SAVINGS FOR THIRTY-SIX (36) is mated savings at once or may pay quarterly during the co	oination the months peri	reof, that shall manifest in FUTURE od beginning the date the savings F	SAVINGS, CLIENT agrees	to pay AUBA 50 percent of the	
AUI with do s	BA with the CLIENTS prior approval, AUBA is entitled the first month the reduction becomes effective and reso in writing. If, within 2 years of the date of the written ENT is subject to the AUBA compensation arrangement	d to compen alized. If Cl ten notice p	sation, at the rate of 50 percent of the LIENT declines to carry out proposed resented to AUBA, the CLIENT perf	monthly reduction(s) over the l cost savings recommendation	same period as above, beginning is by AUBA, then CLIENT mus	
In c	CESSING FEE, (IF ANY) onjunction with this agreement, AUBA may require a CREED UPON	ONE TIME	PROCESSING FEE of (\$ -0-) ZERO	in certain cases of complex re	viewsWHEN APPLICABLE &	
VI.TER	RM.					
	s agreement shall remain in effect through the completion Client agrees to respond with initial issue and follow-			days from data of audit raports		
(A) (B)	All documented and presented audit issues to CLIEN	T provided	by AUBA have been resolved	•		
(C)	Recovery of funds or credits from the utilities have b AUBA has notified CLIENT in writing that NO reco			BA in accordance to the above	agreement.	
(D) (E) (F)	Access to CLIENT's utility records for at least 2 year During the term of this agreement, should any in ho percentage of refunds and savings as stated above fro ** Items, if any, not to be included as p	rs after the couse review om such an a	ompletion of the above, for review of or any other business or entity cond analysis.**	post audit tariff activity & pote uct a similar analysis or audit,	ential savings. we are still entitled to the same	
	[Pleas	e initial if n	o items are to be excluded from the			
(G)	CLIENT acknowledges by initially the above secti	ion VI (F), I	NO negotiations are currently unde	rway between CLIENT and a	any of its utility suppliers.	
VII. BA	SIC INFORMATION: Client shall give it's full reasonable cooperation to backup, in a timely manner. During the term of or confidentiality and require it's directors, officers, er and all proprietary information of the other. "Pr performance of the Utility Monitoring Agreement, disclosure thereof in contravention of this agreement	ur utility monployees, coroprietary in The parties	onitoring agreement, and for a period onsultants, representatives, employer'n formation" shall mean any informat s agree that each party's proprietary	of two (2) years thereafter, e s, principals and agents to ret- ation obtained from either par information constitutes trade	ach party shall retain ain in confidence any arty in the course of e secrets and that the	
	Client hereby represents and warrants that they have Agreement and further, that (i) there are no contra consents or their executing this Agreement on their enter into this agreement and undertake the work requ	ctual or leg principals b	al restrictions to their executing this ehalf. The foregoing representation a	Agreement on their Principa	ls behalf, and (ii) no	
VIII.	agrees to pay AUBA reasonable attorneys' fees in the event that amounts due under this agreement are collected by or through attorneys. All payments are due within 30 days from the date billed. All payments thereafter are subject to a late charge in the amount of 1.5% interest per month, for each month that					
	the invoice is past due. ve represents the ENTIRE agreement and understanding to and accepted this day of, 20		e parties and NO prior representation	oral or written are incorporated	l in this agreement	
AMERICAN UTILITY BILL AUDITORS, INC. AUBA: President		CLIENT: Organization BY: CLIENT Contact name, Title	X –Authoriz	zed to SIGN for Client		

American Utility Bill Auditors, Inc.

PO Box 970145 Boca Raton, Fl 33794-0145 Office 561-852-1872 X 301(ADMIN) / Fax 561-477-3100 E-Mail: auba@auba.net

AUTHORIZATION FORM

TO:	PLEASE LEAVE BLANK-
(NAME OF UTILITY COMPANY)	ATTACH BUSINESS CARD
	gaged and authorized to obtain from you all account information to file refund any information relating to adequately auditing our account, and to process refunds to
AMERICAN UTILITY BILL AUDITORS:	
Authorized Agent	
CLIENT: PLEASE COMPLETE BELOW INFORMAT	TION:
Organization:	
Address:	
Authorized Representative of Organization:	
Signature of Officer:	
Signature	
Title & Date	

***** PROFESSIONAL AUDITING SERVICES ****

***** YOUR COMPANY LETTER HEAD PLACED HERE *****

American Utility Bill Auditors, Inc. PO Box 970145 Boca Raton, Florida 33497-0145

Attention: Mr. Len Garvin, President, Certified Utility Auditor

This confirms our appointment of your firm as our utility consultant to act in our behalf in all matters concerning our utilities facilities with such companies:

relecommunications:	Lorg Distance
	Other (Equipment & Service Contracts)
Utilities:	Electricity Water & Sewer
	Gas Hazardous Or Non-Hazardous Waste
Federal Identification Number:	

You are granted the privilege of access to information regarding our above account utility billing. You are authorized to request equipment and pricing information on central office lines, long distance lines (WATS, FX, TIE lines, T1 etc.) equipment, call information and such. All contacts are to be with you, this does not preclude our intervention.

We authorize your local telephone company and its affiliated companies to have access and to use information about my local telephone service arrangements and to access all my Customer Proprietary Network Information (CPNI). At the conclusion of the audit your local telephone company will be notified in writing to reinstate CPNI.

We understand that when our customer billing and service records are released to you that all utility providers have no authority to control the future use of this information. Therefore, we release all utility providers from any and all liability that may arise out of your possession of these records.

We look forward to a continuing relationship with a view to improve our utilities and saving money.

Sincerely,

PLEASE SEND BACK TO OUR OFFICE THE FOLLOWING TO IMMEDIATELY BEGIN THE AUDIT:

- (1) SIGN THE UTILITY MONITORING AGREEMENT -
 - EXECUTED COPY WILL BE SENT BACK TO YOUR OFFICE FOR YOUR FILES.
- (2) SIGN THE AUTHORIZATION FORM-
 - THIS FORM WILL ALLOW AUBA, INC. TO GET THE RECORDS FROM THE UTILITY COMPANIES.
- (3) SEND AT LEAST ONE (1) MONTH'S WORTH OF COPIES OF YOUR UTILITY BILLS, INCLUDING LONG DISTANCE BILLS AND EQUIPMENT CONTRACTS, LOCAL TELEPHONE SERVICES AND ANY RELATED CONTRACTS AND PROPOSALS, ELECTRIC PROVIDER BILLING, NATURAL GAS BILLING AND RELATED CONTRACTS, HAZARDOUS OR NON-HAZARDOUS WASTE BILLS AND CONTRACTS, AND ALL WATER, SEWER BILLINGS.
 - (4) INCLUDE YOUR FEDERAL IDENTIFICATION NUMBER FOR RETRIEVAL OF YOUR UTILITY BILLS OVER THE INTERNET.