

Letter of Authority

Signature

CONTACT INFORMATION		
Name:	Email:	
Mobile:	Phone:	Role:
COMPANY DETAILS		
Trading Name:	ABN:	
Company Name:	ACN:	
Electricity Retailer:	Gas Retailer	
Electricity Contract End Date:	Gas Contract End Date:	
Does any site associated with this account support Life Support Equipme Additional information not captured in site details:	ent (LSE)? Yes n	No
ACCEPT TERMS		
Authority: I am providing Agent with permission to contact Energy Providers (Energy Providers) for the following purposes: Data Collection including: Retail electricity, natural gas, solar & demand response supply and Retail electricity, natural gas, solar & demand response service invelocity and Natural gas meter data; Direct Metering agreements and related data; Network tariff and connection information. Procurement of offers from: Energy generators Renewable energy providers Other energy services providers Invoice validation services including: Identifying and resolving billing errors Network Tariff Optimisation including: Network tariff change requests; Network tariff demand resets. Under no circumstances does this authority give Agent permission to Term: This authority is valid for the period starting 24 month prior to the period starting and	Retailers, Energy Networks d service agreements; roices and related data; to enter into contracts or a o and ending 24 months at	accept offers on our behalf.

Date ____