

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		
I understand that by appointing Fortiserve Group Pty Ltd Trading as Authority: I am providing Agent with permission to contact Energy F 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 inv • Electricity and Natural gas meter data; • Direct Metering agreements and related data; • Network tariff and connection information. Procurement of offers from: • Energy retailers • 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 the period starting 24 month prior to the communication: I understand that Leading Edge Energy may contact.	Retailers, Energy Networks d service agreements; roices and related data; to enter into contracts or a o and ending 24 months a	ccept offers on our behalf.

Date _____