

Customer Authority Form Electricity Small Market



Agent Name : _____

Referral Company : _____

Does the Customer have a current Contract? Expiry Date: _____ Yes Unknown No

Has the Agent Advised of Exit Fees if in Contract Yes No

Sent a current copy of account Front and Back? Yes No

Type of Business :

Hospitality Retail Small Business Office Professional Services Manufacturing Strata title scheme (Common Area Power) Residential Other

How many Staff :

1-5 6-15 16 +

Describe the business operations in brief: _____

Are you interested in further Energy Efficiency advice Yes No

Current Electricity Retailer Name: _____

Name and Address of Business or Properties (If Multiple Sites please attach list):

Authorisation

In signing of this document you agree that Watt Utilities can act on your behalf to negotiate your contract and liaise with the retailer and network if the need arises. We acknowledge that Watt Utilities may be paid a commission in respect to any contracts arranged with the selected Electricity Retailer. We authorize Watt Utilities to organize transfer of our electricity account to our preferred retailer. We also undertake not to directly approach the retailers or other energy consultants in direct competition to Watt Utilities for at least 6 months on signing of this agreement.

Customer Name: _____ Date: _____

Customer Signature: _____

Your Company Name: _____ ABN: _____

Contact Telephone Number: _____

Contact E-mail Address: _____

Please E-mail or Fax the signed copy together with a copy of your last electricity account to Watt Utilities, Fax No: 07 55200 469. E-Mail: sme@wattutilities.com.au Att: Assessment Team

Watt Utilities PO Box 3289, Burleigh Town, QLD 4220, Phone 1300 734 088, Fax 07 5520 0469