

Customer Authority Form Electricity, Gas and telecoms



In Signing of this document you agree to pay Watt Utilities a contract fee as per our pricing schedule if work after initial assessment is agreed to. The information provided in the initial assessment is obligation free of commitment.

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

E-Mail: info@wattutilities.com.au

Agent Name : _____ Referral Company : _____

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

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

Does the Customer have an Electricity Substation on the Property? Yes No

What is the Substation Number? _____ Substation Size KVA _____

Is the business : Retail / Commercial Heavy industrial Manufacturing Strata title scheme
Residential Other

Describe the business operations in brief: _____

Authorisation

We authorise Watt Utilities to obtain from our current Electricity or Gas network provider, information related to maximum demand, peak and off-peak electricity usage, tariffs and any other pertinent information required for the electricity assessment and negotiations. We also undertake not to directly approach the retailers or other brokers in direct competition for a period of 6 months on signing of this agreement.

Electricity Retailer Name: _____

We also authorise Watt Utilities to negotiate with Electricity Retailers/Gas and Metering Providers on our behalf to obtain the best price for electricity supplied to our business or properties.

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

Initial Assessment is FREE. If viable quotes can be obtained you agree to continue our scheduled rates apply, an analysis will be prepared and submitted together with the quotes. Refer to our generic overview of Watt Utilities for our schedule of fees.

We acknowledge that Watt Utilities may be paid a relationship fee in respect to any contracts arranged by Watt Utilities with the selected Electricity Retailer and / or Metering Provider of your choice. *

Customer Name: _____ **Date:** _____

Customer Signature: _____

Your Company Name: _____ **ABN:** _____

Contact Telephone Number: _____

Contact E-mail Address: _____

Please Fax the signed copy together with a copy of your last electricity account to Watt Utilities, Fax No: 07 55200 469. Att: Assessment Team

* The Electricity Retailer of your choice and the metering provider pays these fees to Watt Utilities.