

Payment options:

How would you like to pay your energy account(s)?

- Direct debit or direct credit
- In person, at our office
- By post
- Telephone transfer on internet banking
- Easypay

Please contact us if you would like to discuss your payment options.

Terms and Conditions

Please read the terms and conditions below and sign at the bottom of the page to confirm your acceptance of them.

I/we hereby apply to be supplied with gas and/or electricity (as indicated herein) by Energy Direct NZ Limited on the terms and conditions set out below and otherwise in accordance with Energy Direct NZs' Business Conditions of Supply in force from time to time.

If accepted as a customer I/we agree to purchase my/our energy requirements as described above for a minimum period of 12 months and pay a bond if required.

I/we confirm that the information I/we have provided Energy Direct NZ is correct and certift that I am/we are authorised to initiate any transfer of supply to Energy Direct NZ. I/we understand the Energy Direct NZ is under no obligation to accept any person as a customer.

I/we authorise my/our current energy supplier to disclose to Energy Direct NZ any metering, payment history, billing and usage information relating to me/us (including but not limited to the above premises) and agree that Energy Direct NZ may instruct such supplier to cease supplying and delivering me/us energy.

I/we authorise Energy Direct NZ to attend all matters necessary or desirable to effect the supply of energy to my/our premises. This includes finalisation of my/our account with my/our current energy supplier(s) on the basis of meter readings that may be estimated. Should Energy Direct NZs' attempt to complete the switch from my/our surrent supplier(s) fail for any reason, Energy Direct NZ has the right to cancel the switch request.

I/we acknowledge and agree that Energy Direct NZs' Business Conditions of Supply authorise Energy Direct NZ to complete a credit check about me/us and to hold and disclose my/our personal information. Energy Direct NZ may provide me/us with offers and information.

By ticking this box I/we will not receive these offers and information.

I/we understand that Energy Direct NZ Business Conditions of Supply will aply to the purchase of energy pursuant to this agreement. I/we acknowledge that I/we have received copies of:

- Standard Business Conditions of Supply
- Pricing Schedule
- Service Fee Schedule and agree to be bound by them.

Authorised signature _____ Date _____

In consideration of Energy Direct NZ agreeing to supply energy to the customer I/we agree to guarantee to Energy Direct NZ the obligations of the customer as set out in Energy Direct NZs' Standard Business Conditions of Supply.

I/we understand that Energy Direct NZ Business Conditions of Supply will aply to the purchase of energy pursuant to this agreement. I/we acknowledge that I/we have received copies of:

- Standard Business Conditions of Supply
- Pricing Schedule
- Service Fee Schedule and agree to be bound by them.

Guarantor signature _____ Date _____

Office use

Docket number _____

Debtor number _____

Supply ID _____

Bond paid? YES NO Amount \$ _____

Turn on fee paid? YES To be billed Not required

Business Application Form

Customer Application Form



Energy Direct NZ
179 St Hill Street
PO Box 32
Wanganui 4540

Tel: 06 349 0909
Fax: 06 349 4931
Freephone: 0800 567 777
Email: enquiries@energydirectnz.co.nz
Web: www.energydirectnz.co.nz <<http://www.energydirectnz.co.nz/>>



Energy Direct NZ Business Customer Application Form

Business details:

Business legal name _____

Business trading name _____

Industry type _____

Nature of business _____

Trading hours _____

Is the business a limited liability company? YES NO

If the business is a limited liability company, who will the guarantor be?

Name _____

Address _____

Town/City _____

Phone _____

Have we supplied your business with energy before?

YES NO

Contact person:
Mr/Mrs/Miss/Ms (please circle one)

Name _____

Position _____

Phone _____

Facsimile _____

Email _____

Address details:

Street address to be supplied with energy _____

Town/City _____

Postal address if different from street address _____

Town/City _____

If you are moving to a new premises please provide your previous

Address _____

Town/City _____

Do you rent the premises to be supplied with energy? YES NO

If YES, please provide your landlord's contact details

Name _____

Address _____

Town/City _____

Phone _____

Access details:

Is a key required to access the electricity or gas meter?

YES (we will require a copy of the key) NO

Do we need to switch off an alarm to access the meter?

YES (we will require instructions, including the keypad location and code) _____ NO

Do you have a dog(s)? YES NO

Is there anything else at your premises that we should be aware of?

Electricity Account details:

Please complete the following section if you would like Energy Direct NZ to supply you with electricity.

Where is your electricity meter located? Inside Outside

Does anyone at your premises require electricity for critical medical equipment? YES NO

Is your premises currently supplied with electricity? YES NO

If YES,

Who is your current supplier? _____

What tariff are you on? _____

What is the ICP number on your electricity bill? _____

Please provide us a copy of your current electricity bill.

If NO,

How long have you been living at this address? _____

When do you require an electricity connection? _____

Do you have an electricity meter? YES NO

If YES,

What is your electricity meter number? _____

What is your electricity meter reading? _____

Please contact us if you would like to discuss your pricing options.

Gas Account details:

Please complete the following section if you would like Energy Direct NZ to supply you with gas.

Where is your gas meter located? Inside Outside

Is your premises currently supplied with gas? YES NO

If YES,

Who is your current supplier? _____

What tariff are you on? _____

What is the ICP number on your electricity bill? _____

Please provide us a copy of your current electricity bill.

If NO,

How long have you operated from this address? _____

When do you require a gas connection? _____

Do you have a gas meter? YES NO

If YES,

What is your gas meter number? _____

What is your gas meter reading? _____

Please contact us if you would like to discuss your pricing options.