

Payment options:

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

- Direct debit or direct credit
- in person, at our office or agency
- By post
- Telephone transfer or internet banking
- Easy pay

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

Appliance details:

How do you heat your house?

- Natural gas
- LPG
- Electricity
- Wood
- Other (please specify) _____

How do you heat your water?

- Natural gas
- LPG
- Electricity
- Wood
- Other (please specify) _____

What type of cooker do you have?

- Natural gas
- LPG
- Electricity
- Wood
- Other (please specify) _____

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 Ltd (trading as Energy Direct NZ) on the terms and conditions set out below and otherwise in accordance with Energy Direct NZ's Residential 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 certify 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 house) 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 house. 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 current 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 NZ's Residential 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 Residential Conditions of Supply will apply to the purchase of energy pursuant to this agreement. I/we acknowledge that I/we have received copies of:

- Residential Conditions of Supply
 - Pricing Schedule
 - Service Fee Schedule
- and I/we agree to be bound by them.**

Authorised signature _____ Date _____

Office use only:

Completed by _____

Debtor number _____

Supply ID _____

- Application Type: MI Switch
- NRD Switch
- EDNZ Application
- Bond paid? Yes
- Not required
- To be billed \$ _____
- Turn on fee paid? Yes
- Not required
- To be billed \$ _____



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Freephone: 0800 567 777
Email: enquiries@energydirectnz.co.nz
Web: www.energydirectnz.co.nz

Residential Application Form

Customer Application Form



Account Details:1st account holder details:
Mr/Mrs/Miss/Ms (please circle)

Surname _____

First Names _____

Date of birth _____ (day/month/year)

Proof of identity (e.g passport, drivers licence) _____

Home phone _____

Work/mobile phone _____

Facsimile _____

Email _____

Would you like this account in joint names? YES NO 2nd account holders details:
Mr/Mrs/Miss/Ms (please circle)

Surname _____

First Names _____

Date of birth _____ (day/month/year)

Proof of identity (e.g passport, drivers license) _____

Home phone _____

Work/mobile phone _____

Facsimile _____

Email _____

Have we supplied you with energy before? YES NO

If YES, what is your customer number? _____

Alternative Contact:

Name _____

Relationship _____

Phone number _____

Address details:

Street address to be supplied with energy _____

Town/City _____

Postcode _____

Postal address if different from street address _____

Town/City _____

Postcode _____

Do you rent the house supplied with energy? YES NO

If YES, please provide your landlords details

Name _____

Address _____

Town/City _____

Postcode _____

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 keypad location and code) _____ NO Do you have any dogs? YES NO

If YES, what breed? _____

Is there anything else at your house 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 premise require electricity for critical medical

equipment? YES NO

If YES, please specify _____

Is your electricity currently turned on? YES NO To be advised

If NO, what date would you like it connected? _____

Do you have an existing retailer? YES NO

If YES:

Who is your current retailer? _____

What price plan are you on? _____

Current retailers customer number _____

What is the ICP number on your electricity bill?

Please provide us with a copy of your current electricity bill

If NO:

How long have you been living at this address? _____

What was/is your move in date? _____

Do you have an electricity meter? YES NO

If YES: What is your...

meter number? _____ Reading? _____

meter number? _____ Reading? _____

meter number? _____ Reading? _____

Do you consume less than 8000kWh per annum? YES NO

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 gas currently turned on? YES NO To be advised

If NO, what date would you like it connected? _____

Do you have an existing retailer? YES NO

If YES:

Who is your current retailer? _____

What price plan are you on? _____

Current retailers customer number _____

What is the ICP number on your gas bill? _____

Please provide us with a copy of your current gas bill

If NO:

How long have you been living at this address? _____

What was/is your move in date? _____

Do you have a gas meter? YES NO

If NO, what date would you like it installed? _____

If YES:

What is your meter number? _____ Reading? _____

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