



INFORMATION SHEET

PLEASE COMPLETE IN FULL

SIGNED DATE

Agent

New Supplier

Old Supplier

New TEC Customer

Contract Type

COT

IF YES- Please provide details below

BUSINESS NAME

STREET:

CITY:

POST CODE

Type

PHONE NUMBER:

Co Reg/Charity No

EMAIL

BILLING ADDRESS

REGISTERED
ADDRESS**OWNER DETAILS**

D.O.B

Salutation

FIRST NAME:

LAST NAME:

Home Address

Town

Home Post code

**CONTACT
If not owner**

NAME

Salutation

Telephone

Email

SITE DETAILS(S)

Same as Business address

yes

No

STREET

TOWN

POST CODE

Topline

MPAN

MPR

EAQ/AQ

START DATE

END DATE

DAY

NIGHT

E & WK

Uplift (p)

StandingCharge
Uplift - Whole
contract worthStanding
ChargeUnit
Rates

TERMINATED BY

HOW

Number of Months

Forwarded by

Date