agents@theenergycompany.co.uk Fax: 01824 702864

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 KVA:

START DATE END DATE

DAY NIGHT E & WK

Uplift (p) StandingCharge Uplift - Whole contract worth Standing Charge Unit Rates

TERMINATED BY HOW

Number of Months Forwarded by . Date