



Application for Commercial Power Supply

Please complete clearly in black or blue biro, see reverse for instructions

APPLICANTS DETAILS:

Business/ Organisation Name:			
Business Telephone:		Fax:	
Email Address:			

INSTALLATION ADDRESS: (Address where electricity is required)

Building Name:			
Unit/Flat Number:		House Number:	
Street Name:			
Suburb:			
City/Town:			

POSTAL DETAILS: (Address to send bill if different from the Installation Address)

Building Name/PO Box:			
Unit/Flat Number:		House Number:	
Street Name:			
Suburb:			
City/Town:			

ADDITIONAL INFORMATION

Business Type:			
Contact Name:			
Date Electricity Required: If after next 24 hours		Mobile Phone	
Password (for use with telephone transactions, minimum of 4 characters)			

I, _____, of _____

do hereby, solemnly and sincerely declare that the above information and statements contained herein are true and correct to the best of my knowledge.

Dated at _____, this _____ day of _____, 2 _____

Signature of Applicant:	Signature of Witness:
Name and Address of Witness	
Rubber Stamp	