

Letter of Authority

CONTACT INFORMATION		
Name:	Email:	
Mobile:	Phone:	Role:
COMPANY DETAILS		
Trading Name:	ABN:	
Company Name:	ACN:	
Electricity Retailer:	Gas Retailer	
Electricity Contract End Date:	Gas Contract End Date:	
Does any site associated with this account support Life Support Equipme	ent (LSE)? Yes No	
Additional information not captured in site details:		
ACCEPT TERMS		
I understand that by appointing Fortiserve Group Pty Ltd Trading as Authority: I am providing Agent with permission to contact Energy F Providers (Energy Providers) for the following purposes: Data Collection including: Retail electricity, natural gas, solar & demand response supply and Retail electricity, natural gas, solar & demand response service inv Electricity and Natural gas meter data; Direct Metering agreements and related data; Network tariff and connection information. Procurement of offers from: Energy generators Renewable energy providers Other energy services providers Invoice validation services including: Identifying and resolving billing errors Network Tariff Optimisation including: Network tariff analysis; Network tariff demand resets. Under no circumstances does this authority give Agent permission to Term: This authority is valid for the period starting 24 month prior to Communication: I understand that Leading Edge Energy may contact Term of this Letter of Authority.	Retailers, Energy Networks, Metering I service agreements; oices and related data; to enter into contracts or accept offer o and ending 24 months after the dat	Providers and Energy Services s on our behalf. te of this Letter of Authority.

Date ___