



Customer Consent Form

(Electricity Marketing Agent)

For the purpose of completing this form, the Customer is the person(s) or business that has a bill account with Synergy. If a Customer has multiple bill accounts with Synergy, the Customer must nominate on this form each bill account and the associated premises that the consent relates to. The Agent is the individual or company the Customer is providing consent to.

Customer details and acknowledgment

Customer name _____

Customer address _____

ABN/ACN (if applicable) _____

I/We authorise the Agent named on this form to act on my/our behalf in relation to the supply of electricity to me/us at the premises listed below, for the period of:

_____ (date) to _____ (date).

Account name	Physical address of account premises	Synergy bill account number (if available)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We also consent to Synergy releasing any information requested by my/our Agent in relation to the supply of electricity at the above premises to my/our Agent.

I acknowledge that my/our Agent may enter into legally binding arrangements with Synergy on my/our behalf in relation to the supply of electricity to me/us at the above named premises and that my/our Agent is not authorised, at any time, by Synergy to act for, or on behalf of, Synergy.

Name of person completing this form _____

Daytime contact no _____ Mobile _____

Customer's signature* _____ Witness' signature _____

Date _____ Date _____

Continued over...



Agent details and acknowledgement

Agent name _____

Agent address _____

ABN/ACN (if applicable) _____

I/We understand and acknowledge that by signing this form:

- I/We may become an Electricity Marketing Agent for the purposes of the Code of Conduct (for the Supply of Electricity to Small Use Customers); and
- I/We must comply with that Code; and
- it is my/our responsibility to make myself/ourselves aware of the requirements of that Code and the consequences for me/us if I/we do not comply.

Name of person completing this form _____ Date of Birth _____

Daytime contact no _____ Mobile _____

Agent's signature* _____ Witness' signature _____

Date _____ Date _____

**Signature of an authorised representative required if the Customer or Agent is a company or other type of business.*

Residential customers please return this form to
Customer Service Centre, Synergy, GPO Box K856, Perth WA 6842
or fax (08) 6212 1034

Business customers please return this form to
Business Management Group, Synergy, GPO Box K856, Perth WA 6842
or fax (08) 6212 1035

