

APPLICATION FOR SUPPLY OF ELECTRICITY

Transfer/New Applicant/Final Reading

The Undersigned Applicant hereby makes application to the Andamooka Power House for a supply of electric energy to the premises described hereunder and any premises you may occupy in the future supplied by the Andamooka Power House (to be used solely for the purposes hereunder stated) subject to the conditions under which electrical energy is supplied by the Andamooka Power House and the Applicant agrees to be bound by those conditions.

NOTE:- A copy of the Conditions of Supply will be supplied on request.

By signing this application for supply you warrant that you are lawfully entitled to occupy the premises or future premises the subject of this application and future applications to authorise the Andamooka Power House to provide supply to those premises.

IMPORTANT: The Applicant will be liable for all charges (whether for electric energy or otherwise) accrued up to the expiration of three days after the receipt by the Andamooka Power House of written notice from the Applicant that the Applicant desires the termination of supply. The class of consumption and appropriate tariff(s) shall be determined by the Andamooka Power House.

Please note that in accordance with the Privacy Act, details of uncollected debts more than 60 days overdue and identifying particulars may be referred to a credit reporting agency and then become available to other credit providers.

PLEASE PRINT ALL DETAILS CLEARLY

		Office use only		Site ID Number		
				AN0000.....		
Name in which account is to be rendered Refer Below #	Surname or Company / Business Name			Given Names		
	Mr Mrs Miss Ms					
Address of premises at which supply is required	Lot Number	Street Address				
Mailing Address						
Email Address					Use for Billing and Correspondence YES NO	
	Phone			Mobile Phone Number		
Contact Details						
Applicants date of birth	/...../.....		MOVE IN/OUT DATE		/...../.....	
Identification	Drivers Licence or Medicare No.			ID Expiry Date	/...../.....	
Indicate type of premises	Domestic		Rented	If rented, state owner or Agent		
	Commercial		Owned			
Previous Account Details with APH	AN0000.....			Customer Number		
Is a reading required at a previous address	YES NO If Yes, state date final reading required...../...../.....					

This application MUST BE SIGNED by all applicants personally, or by the proprietor or a partner if the application is for a business, or by the Manager or Secretary or a similar authorised officer on behalf of a Company of Incorporated Body.

N.B. Except for authorised officers the persons signing this application hereby undertakes joint and several personal liability for all accounts becoming due pursuant to this application and any additional fees and charges associated with debt recovery procedures.

Full Names of Persons Responsible for Payment of Account.....
(If "as above" Leave Blank)

Signatures.....Date.....

IF COMPANY OR CORPORATION PLEASE COMPLETE THE FOLLOWING:

Full Name of Person Signing.....

Designation of Authorised Officer.....

FAILURE TO COMPLETE ANY INFORMATION REQUIRED MAY RESULT IN DELAYS