

Application for the supply of electricity.

Business

Meridian Energy
Freepost 126937
PO Box 2128
Christchurch
0800 496 496
business@meridian.co.nz



Meridian.

	<input type="radio"/> Single site <input type="radio"/> Multiple sites	<input type="radio"/> Straight switch <input type="radio"/> Move in/...../..... (dd/mm/yy)
Business details	<input type="radio"/> Sole trader <input type="radio"/> Limited Liability Company <input type="radio"/> Trust <input type="radio"/> Incorporated Society <input type="radio"/> Body Corporation	
	Company name..... Trading name (if different)..... Company registration number..... Industry type..... Trading hours..... Number of sites.....	Flat/unit number..... Street number Street name..... PO Box # Rural Delivery #..... Suburb..... City Postcode
	Phone..... Mobile..... Email.....	Where is your meter located?..... Special access instructions..... Any identifiable hazards?
	<input type="radio"/> Director <input type="radio"/> Sole trader <input type="radio"/> Trustee	Additional / authorised contact* Title..... First name..... Middle name(s)..... Surname..... Date of birth (required)/...../..... (dd/mm/yy) Phone..... Mobile..... Email..... <i>* This person can obtain information, but cannot act on your behalf and has no legal responsibility for the account.</i>
	Primary contact Title..... First name..... Middlename(s)..... Surname..... Date of birth (required)/...../..... (dd/mm/yy) Phone..... Mobile..... Email.....	Does anyone in your business require power for critical medical equipment? <input type="radio"/> Yes <input type="radio"/> No <i>* If you've answered yes, please complete further details on page two</i>
	Is anyone on your premises vulnerable? <input type="radio"/> Yes <input type="radio"/> No <i>Vulnerable means: relying on mains electricity because of age, health, or disability (a power cut may threaten health or wellbeing).</i>	
Account details	Account contact:..... Billing type: <input type="radio"/> Account level <input type="radio"/> Summary billing Pick your own payment date/..... (dd/mm) Billing method: <input type="radio"/> Email only Payment method: <input type="radio"/> Send DDV form	Memberships <input type="radio"/> Retail NZ <input type="radio"/> Chamber of Commerce <input type="radio"/> Smart-Trade <input type="radio"/> GetGenuine Membership number..... <input type="radio"/> Buying Group Buying Group number
Offer details	Rates offered <input type="radio"/> Super Saver FEP*/FRP <input type="radio"/> Everyday Economy FRP <input type="radio"/> Smart Value FEP/FRP <input type="radio"/> Simple Flexi Agent.....	Incentive total \$ Rate 1..... Rate 2..... Daily charge EQT quote number M-EQ- _____ - _____ <input type="radio"/> Quote sent to customer?
Agreement	I/We understand this information is collected so Meridian can supply me/us with electricity and provide me/us with further offers and information. I/We agree: • to take the supply of electricity from Meridian on its Standard Terms and Conditions (a copy of these will be emailed to you); • to the specific terms and conditions of the selected Plan, promotion and/or incentive offer (a copy of these will be emailed to you); • to the <input type="radio"/> Fixed Energy terms and conditions <input type="radio"/> Fixed Rate terms and conditions. Expiry date/...../..... (dd/mm/yy) (tick if applicable – a copy of these will be emailed to you); • that the details set out in the Electronic Quote emailed to me/us form part of this agreement; • to a credit check being undertaken. I/We acknowledge if I switch any of my ICPs to another electricity retailer or cease to be a customer of Meridian with 12 months of the date of this agreement (if joining on the Simple Flexi Plan) or within the fixed term of the plan, the value of the incentive received for that ICP will be added to my final invoice. *I/We also acknowledge that the greater of either, the value of any incentive received OR an Exit Fee of \$300 per ICP on the Super Saver Fixed Energy Plan will be applied to my final invoice if I terminate the fixed energy plan or close any individual ICP within the fixed term of the plan. Please note that you have the right to cancel this agreement within five working days of you receiving this agreement. If you wish to do so, please let us know using the contact details above. <p style="text-align: right;">(Company name)</p>is authorised to sign on behalf of the director to changeto Meridian. Signed by authorised signatory..... Full name of authorised signatory Date...../...../..... (dd/mm/yy)	

Property details for additional ICPs

ICP number

Property use Business House Farm Other

Current reading..... Site name for this ICP (choose your own).....

Address

Meter location (please provide as much detail as possible to help meter reader locate meters, and any special instructions, eg key required/alarm code)

Office Use Only Plan type: Plan ID: Offer PPD: Expiry date: / / Other offer:

ICP number

Property use Business House Farm Other

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