

Connections, Transfer & Amendment of Account

Service Address: _____

Client type: Owner: _____ Tenant: _____

Realtor contact details: _____

Date Service Required _____

Occupant (1) (main contact)

Title: _____

First Name: _____

Last Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Occupant (2) Details

Title: _____

First Name: _____

Last Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email: _____

Billing address if different to service address: _____

Employers Name and contact: _____

Identification Options: Drivers Licence number: _____

Passport number _____ OR Medicare number _____

NOTE: please provide copy of your ID with your application.

Date of Birth: (your D.O.B and password will be used for future verification of your account)

D.O.B. _____ Password: _____

I hereby agree to the SES terms and conditions for connection of the hot water service to the above apartment.

Applicant Signature: _____

If signed by agent, the agent declares they have the full authority of the customer to make this application on the customers behalf, including the customers authority under the Privacy Act to share their personal information with us.

Name/ contact details of agent: _____

When completed and signed please either post to PO Box 68, Sherwood QLD 4075 or email sales@smartenergysystems.com.au

Please tick this box if you are interested in setting up a direct payment once a quarter via your CCRDS and we will contact you.

**** please note that all invoices will be emailed, unless client advises.**