



# ENERGY OFFER FORM

Customer ID  
Contract No.

## → CONTACT DETAILS

[www.covau.com.au](http://www.covau.com.au)  
 [support@covau.com.au](mailto:support@covau.com.au)  
 PO Box R241  
ROYAL EXCHANGE NSW 1225 Australia  
 1300 689 866

### ☐ RESIDENTIAL

### ☐ BUSINESS

Business name (Legal Name) \_\_\_\_\_

Trading name (if different to Business name) \_\_\_\_\_

☐ Company ☐ Sole Trader ☐ Partnership ABN/ACN \_\_\_\_\_

#### Account Number

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth    /    /

Main phone (\_\_\_\_\_) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Proof of ID ☐ Driver's License ☐ Passport

ID Number \_\_\_\_\_

Capacity ☐ Owner ☐ Director ☐ Partner

other (give detail) \_\_\_\_\_

#### Service Address

Floor no. \_\_\_\_\_ Unit no. \_\_\_\_\_ street no. \_\_\_\_\_

Street name \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

#### Postal Address: (if different to service address)

Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

#### Authorised contact person:

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Mobile \_\_\_\_\_

Date of birth    /    /

## 2. SERVICE DETAILS

What is your tariff? \_\_\_\_\_

Please circle NSW VIC QLD SA

Does anyone residing at the property have a medical dependency on electricity? ☐ Yes ☐ No

☐ ELECTRICITY National Metering Identifier (NMI) \_\_\_\_\_

☐ GAS Delivery Point Identifier DPI/ Meter Installation Reference Number (MIRN) \_\_\_\_\_

Are you currently eligible for concession on your energy bill? yes ☐ no ☐

Concession Number: \_\_\_\_\_

Authority: \_\_\_\_\_

## 3. YOUR ENERGY PLAN

#### What services are you joining?

Energy fuel type ☐ ELECTRICITY ☐ GAS

Contract Length ☐ Monthly ☐ Monthly

☐ 12 Months ☐ 12 Months

☐ 24 Months ☐ 24 Months

Invoice delivery ☐ Email ☐ Post (Paper bill fee applies)

Membership Plan ☐ single site ☐ multi-site

Fee \$ \_\_\_\_\_ per annum

Discount / Pay On Time Discount  
(please circle)

One-off Rebate \$ \_\_\_\_\_

Exit Fee \$ \_\_\_\_\_

Monthly Installment  
(Estimated monthly payment) \$ \_\_\_\_\_

Invoice Option: ☐ Standard invoice ☐ Monthly installment

Date of Payment (Smoothpay Only)  
(Select any date from 1st - 28th each month) \_\_\_\_\_

#### ELECTRICITY

\_\_\_\_\_ %

#### GAS

\_\_\_\_\_ %

## 4. CUSTOMER DECLARATION

☐ I understand and authorise Covau to take the necessary steps to complete the transfer, which may involve a transfer of information related to my electricity supply between participants and charges to my meter installation.

☐ I understand and agree that this contract will be renewed at the end of the term. The renewed contract will consist of the same terms and conditions and product offering that is current at the time of renewal. I may exercise my right to cease this agreement or alter the term of my renewed contract period by informing Covau prior. By signing below, I declare that the information I have provided above is true and correct. I agree to be contracted by a Covau representative in regards to the information I have completed.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. OFFICE USE ONLY

- Must have voice record 1300 689 866, Customer ID and send a scanned copy to email NSW: [business@covau.com.au](mailto:business@covau.com.au), VIC: [businessvic@covau.com.au](mailto:businessvic@covau.com.au)
- Must attach a Direct Debit / Credit Card Request Form with a valid Contract Number

Name of Agent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Voice Record Yes No Date \_\_\_\_\_ Copy Sent: Yes No Date \_\_\_\_\_

Notes \_\_\_\_\_