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| Letter of authority |
| Customer Name: |  |
| Business Name: |  |
| Main Business Address: |  |
| Email: |  |
| Telephone: |  |
| TPI Agent Name, Address and Telephone: | Professional Energy Purchasing Ltd04 Park Square, Thorncliffe Park,Newton Chambers Road, Chapeltown,Sheffield, S35 2PH0114 3272645  |

I confirm that Professional Energy Purchasing Ltd (Registered in England No: 8363490 ) are acting on our behalf and I authorise to action our accounts with them as follows:

* Request and receive current and historical account information for Electricity, Gas & Water: - Consumption history, supply numbers, pricing details, contract end dates
* Issue termination notice with regard to existing supply contracts on our behalf.
* Obtain information from third party industry databases, for example HH data
* To be able to contact my current supplier to resolve any objections or rejections regarding any possible transfer
* Request and negotiate prices on our behalf
* Request and receive ALL billing information e.g., copy bills, debt information, payment terms
* Advise on any adjustments, refunds or billing
* Recommend supply contracts on our behalf
* This will supersede all other LOA’s
* Raise and deal with complaints on our behalf to a satisfactory resolution with supplier.
* Occasionally, we will want to inform you of new products, services etc. Please advise if you would like to be contacted by **phone email**

MICRO BUSINESS Declaration

Please can you confirm that you are not a micro business: A Micro Business will be defined as a company who:

• Employs fewer than 10 people, or their equivalent FTE, and has an annual turnover or balance sheet not exceeding €2m or

• Consumes less than 100,000kWh of electricity per annum or

• Consumes less than 293,000kWh of gas per annum

 I have checked the relevant definitions, and I can confirm that the company is/is not a micro-business. (Delete the appropriate).

This LOA is valid for ALL sites under the Company name provided and will be submitted again if any changes are made.

This Letter of Authority shall remain **valid for …….** months from the date of the signature or, if you have a fixed plan; it will be valid for the duration of your plan unless you advise otherwise.

Customer Signature: ……………………………………………………… Date: ………………………………………

Print Name: ………………………………………………..………………… Position: ………………………………….