

Business Energy Supply Contract

A. Customer Details					
Please use this section to identify who is entering into this contract with us					
Business Name (please use your full legal business name)					
Trading Name (if different)					
Company Number (if applicable)					
Charity Number (if applicable)					
Business Structure (please tick which box describes your business)					
Company Limited Liability Partnership	Sole Trader Partnership				
B. Contact Details					
Please use this section to identify the persons authorised to deal with your contract a	nd how we may contact you				
Contact Name (please include title, first name and surname)	Job Title				
Contact Address	Contact Telephone Number				
	Contact Mobile Number				
Contact Email Address*	*We require an email address, as we send all correspondence to you electronically, including customer service messages, invoices and other important information about your account.				
C. Credit Check					
o. Great Greek					
This contract is subject to a credit check. If you are a company, limited liability partne as our customer, and if you are a partnership this check will be made against one or leave a record on your credit file, and may be viewed by other credit providers. You	ership or a sole trader, this check will be made against the person/business named in section A more partners. This will involve sending personal information to a credit reference agency, may have the right to object, but if you do, we will not be able to supply you with energy.				
This section should be completed by SOLE TRADERS and	PARTNERSHIPS				
 Sole Traders – please provide details of your date of birth and your hor Partnerships – please provide dates of birth and home addresses for a 					
Name	Name				
Date of Birth	Date of Birth				
Address	Address				



Have you included further address details in a supplementary address schedule? YES / NO $\,$

D. Contract Details							
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Fixed Term period (months)	Preferred Start Date		Number of S	Sites			
Site Address - 1			Electricity Charg	es	Ga Ch	s arges	
			Standing Charge	p/day	Standing Charge		p/day
			Availability Charge	p/kVA/day	Unit Rate		kWh
			Day Rate	kWh			
			Night Rate	kWh			
Electricity MPAN	kVA		Weekend Rate	kWh			
		We	Evening/ eekend Rate	kWh			
Gas MPRN		Eve.	Weekend & Night Rate	kWh			
		C	Off Peak Rate	kWh			
Monthly DD amount expected:							
E. Customer's Authoris	sed Signature						
By signing and returning this form you are offer found on our website at https://www.hawkinq-en		Hawking En	ergy on the terms se	et out in this form and ou	ır standard terms of s	supply (which	n can be
This offer may not be withdrawn after it has been into existence.	en submitted to us. We will confir	m our acce	ptance to you by se	ending you a welcome em	nail, at which point yo	ur contract w	vill come
The information you provide in this form will be ubilling and the general administration of your auhttps://www.hawking-energy	ccount. You can find information						
You confirm that you have informed the person them) and you have their permission to disclose			al information will be	e used by us (including v	vhere credit checks m	nay be made	against
Name		_	Signature				
Job Title		\dashv	Date				



Please fill in the whole form including official use box using a ball point pen:



Hawking Energy 2nd Floor, College House 13 King Edward Road Ruislip, London HA4 7AE

Name(s) of Account Holder(s)

Bank	/ Buil	ding	Socie	ty Ac	coun	t Nur	nber								
		1						1							
Branc	h Soı	t Coc	le												
						1									
Name	and f	full po	ostal	addre	ess of	f you	Ban	ık c	or E	Build	ding	So	ciet	у	
Refere	ence														

Instruction to your Bank or Building Society to pay by Direct Debit

Service User Number

4 X	Χ	Χ	Χ	Χ	
FOR	Haw	king l	Ener	gy OFFICIAI	L USE ONLY This is not part of the
instru	ction	to y	our E	ank or Build	ling Society IMPORTANT - Please
				complete t	these details:
Accou	int H	oldei	r(s) N	lame & Add	Iress
Name:					
Contact	nam	ie	F	irst:	Last:
Address	S:				
Town:					Postcode:
Email A	ddre	ss:			

Please pay Barclays Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Barclays and, if so, details will be passed electronically to my Bank / Building Society.

gnature(s)	
ate:	

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Barclays will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Barclays to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Barclays or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Barclays asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.