



NEW VENDOR INFORMATION

Please complete the following details, where applicable, to enable us to facilitate payment as quickly as possible.

COMPANY / VENDOR DETAILS	
Registered Business Name: (if applicable)	
Alternate Payment Name:	
ABN: (if applicable)	
Industry Type:	Flood reconnection reimbursement

VENDOR POSTAL DETAILS		
Postal Address:		
Town:		Postcode:

VENDOR ADDRESS DETAILS (if different from above)		
Street Address:		
Town:		Postcode:

VENDOR CONTACT DETAILS			
Contact Person:		Role/Position:	Owner
Phone No:		Fax No:	
Email:			

VENDOR BANK DETAILS for ELECTRONIC FUNDS TRANSFER			
Bank Name:		Branch Name:	
BSB No:		Account No:	

I have attached the paid invoice for completed reconnection works

Customer Signature:

Customer Name
(Please print)

Email to: connection.enquiries@essentialenergy.com.au

Office use only:

Essential Energy representative: