

Customer Service Team Business Stream 7 Lochside View Edinburgh EH12 9DH	
To: Customer Service Team at Business Stream	
I hereby authorise	(person or company), based at
Company registration number (if applicable)	
Authorised person or company full address	Post code
Contact email	
Contact number	
To receive information and to give instruction on my/o (please list below or provide a separate sheet)	our behalf regarding account number(s)
This authorisation relates to matters concerning: (pleating Billing* Contract** Both	ase tick all that apply)
	e (Maximum 3 years)
Customer authorised signature***	Full name (Print)
Authorised job title	
Contact email	
Contact number	Date (
Please return to: Customer Service Team, Business S 9DH Tel: 0330 123 2000 Fax: 0845 604 6431 Online	

• 7 Lochside View, Edinburgh EH12 9DH

www.business-stream.co.uk/get-in-touch

^{*} Where billing matters has been selected this authorisation will remain in place until the expiry date. Financial information may continue to be provided to your third party intermediary after the authorisation has been removed from the accounts for commission purposes.

^{**} Where water/waste water contract only has been selected, financial information may continue to be provided to your third party intermediary for commission purposes.

^{***}Please either print, sign and scan this form, or place an electronic signature in this box