

Customer Service team Business Stream PO Box 17381 Edinburgh EH12 1GT

To: Customer Service team at Bus	iness Stream
I hereby authorise (person or co	npany)
Company registration number (if	applicable)
Authorised person or company f	ll address Postcode
Contact email	
Contact number	
I authorise the above person or company to receive information and to give instruction on my/our behalf in relation to the following account number(s): (please list below or provide a separate sheet)	
This authorisation relates to mat	ters concerning: (please tick all that apply)
Billing* Contract**	Both
Start date	End date (maximum 3 years)
Customer authorised signature*	* Full name (print)
Authorised job title	
Contact email	
Contact number	Date (

Please return to: Customer Service team, Business Stream, PO Box 17381, Edinburgh, EH12 1GT or online at business-stream.co.uk/contact-us.

<sup>\*</sup> Where you have ticked the box for 'Billing\*' matters, 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.

<sup>\*\*</sup> Where water/waste water contract only has been selected, financial information may continue to be provided to your third party intermediary for commission purposes.

<sup>\*\*\*</sup>Please either print, sign and scan this form, or place an electronic signature in this box.