



# Site Works Requirements & Agreement



## Billing - Customer Details

**Company name:**

**Contact name:**

**Contact phone number:**

**Email:**

**Postal address:**

**Purchase order number:**

## Electrician's Details

**Company name (if applicable):**

**Contact name:**

**Contact phone number:**

**Email:**

## Energy Retailer Account Details

**Name on account:**

**Contact phone number (of account holder):**

**Postal address (of account holder):**

**Energy retailer:**

**Energy retailer account number:**

**Any additional information:**

03 343 3814 | [office@safepowerservices.co.nz](mailto:office@safepowerservices.co.nz)  
Unit 8 – 1 Stark Drive, Wigram, Christchurch 8042 | PO Box 31154, Ilam Christchurch 8444

By completing and signing this Agreement you understand and agree to all terms and conditions outlined below. You confirm that the information you have provided is accurate and you agree to be bound by the terms and conditions of this Agreement [Safe Power Services Terms and Conditions](#)