

ADVISOR NAME: _____

TIME: _____

DATE:

DAY

MONTH

YEAR

0800 432 677
www.energymad.com

ENERGYMAD

EM

TITLE:

MR / MRS / MISS / MS / DR / PROF (circle one)

NAME:

FIRST NAME

SURNAME

ADDRESS:

UNIT/STREET NUMBER

STREET NAME

SUBURB

CITY

POSTCODE

CONTACT
DETAILS:

HOME

WORK

EXTN.

MOBILE

PLEASE PROVIDE A MINIMUM OF TWO CONTACT NUMBERS

EMAIL ADDRESS

EST. NO. OF RECESSED LIGHTS?

CONTACT
PREFERENCE TIME:

MORNING

AFTERNOON

EVENING

WEEKEND

ANY

BEST TIME WHEN ALL
HOMEOWNERS ARE AVAILABLE

PREFERRED DAY

M

T

W

T

F

S

ANY

MORNING

AFTERNOON

EVENING

ANY

AVAILABLE FOR A SHORT
NOTICE APPOINTMENT?

YES

NO

SIGNATURE

**IMPORTANT
CONFIRMATION**

I'm interested in receiving a Free Lighting Assessment from ENERGY MAD, so I would like to receive a follow up phone call to arrange an appointment time

ADDITIONAL COMMENTS:

Please expect a call from our Customer Service Team and note your appointment time here:

____ / ____ / ____ AT ____ : ____ AM
PM