

ACCOUNT CLOSURE FORM

Details of account to be closed (block capitals please)

NAME ON ACCOUNT:

ACCOUNT NUMBER:

YOUR TELEPHONE NUMBER:

CLOSING METER READING:

DATE FOR CLOSING ACCOUNT:

*NEW ACCOUNT HOLDER NAME:

*NEW ACCOUNT HOLDER PHONE:

*IF KNOWN

Please forward my final bill to: (block capitals please)

NAME:

FLAT/HOUSE NO.:

STREET:

AREA/TOWN:

CITY:

COUNTY:

DAYTIME CONTACT NO.:

EMAIL:

PLEASE SUBMIT YOUR APPLICATION FORM IN WRITING BY POST/EMAIL TO:

FLOGAS NATURAL GAS LTD, Knockbrack House, Matthews Lane, Donore Road, Drogheda, Co. Louth.
T: 041 21 49500 E: info@flogas.ie www.flogas.ie

