

RESIDENTIAL CUSTOMER AGREEMENT FORM

CUSTOMER DETAILS (Block Capitals Please)

TITLE: MR/MRS/MS FORENAME
SURNAME
ADDRESS

COUNTY/POSTCODE
TELEPHONE Area Code Number
FAX Area Code Number
Email ADDRESS
MOBILE TEL. No. Prefix Number
Prefix Number

ARE YOU A CUSTOMER WITH SPECIAL NEEDS? Yes No
(Customers with a disability, e.g. customers with a visual impairment, or the elderly)

IF YOU WANT YOUR ACCOUNT/BILL SENT TO A DIFFERENT ADDRESS PLEASE DETAIL:

CUSTOMER NAME
ADDRESS

GAS POINT REGISTRATION NUMBER (GPRN)

GAS METER I.D. NO.:

ACTUAL REQUIREMENT: (Please tick)

FIT METER CHANGE OF OCCUPANCY TURN ON METER CHANGE OF SUPPLIER

HOME TYPE: (Please tick)

APARTMENT TERRACED SEMI DETACHED DETACHED NO. OF BEDROOMS

RESIDENTIAL STATUS (Please Tick)

HOMEOWNER HOME OCCUPIER TENANT OTHER If other, please state

PLEASE INDICATE IF YOU HAVE PREVIOUSLY BEEN A CUSTOMER OF FLOGAS NATURAL GAS

IF TENANT, Name of Landlord

Address of Landlord

Telephone of Landlord Area Code Number

I request Flogas Natural Gas to supply gas to the household or to me at the supply address provided and agree to honour the terms and conditions of this agreement as printed on the attached page. I confirm that I have read the terms and conditions. I am authorised to act on behalf of the household on this matter. I am over 18 years of age.

* SIGNATURE (APPLICANT)

DATE

*

METER READING

DATE OF METER READING

DEPOSIT ENCLOSED € YES NO

PLEASE TICK APPROPRIATE BOX

AGENT ID

PAYMENT CARD REQUEST

I WISH TO PAY MY GAS BILL BY

BUDGET PAY-PLAN DIRECT DEBIT**

BILL-PAY DIRECT DEBIT*

*Bill-Pay Direct Debit Your total amount is debited directly from your account every two months, after your bill date.

**PAY-PLAN DIRECT DEBIT Your Natural Gas cost are spread evenly throughout the year with payments made monthly from your account. Any payment change is notified to you in advance on your bill. Each year at your July/August bill, any debit or credit balance on your account at the 31 July is spread across the next year's monthly payments.

Accounts are payable within 14 days of date of issue. Banks may decline to pay Direct Debit from some types of accounts. A charge of €12.30 per unpaid Direct Debit will apply.

SEPA DIRECT DEBIT MANDATE FORM

ORIGINATOR: FLOGAS NATURAL GAS LIMITED	CREDITOR ID: IE50ZZZ301966
DEBTOR NAME:	UNIQUE MANDATE REFERENCE: <small>(For office use only)</small>
DEBTOR ADDRESS:	
IBAN ACCOUNT NO:	
BANK BIC NO:	
PAYMENT TYPE:	RECURRENT: YES <input checked="" type="checkbox"/>
SIGNATURE:	DATE:
SIGNATURE:	DATE:

By signing this mandate form, you authorise (A) Flogas Natural Gas Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Flogas Natural Gas Limited. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

PLEASE RETURN TO: FLOGAS NATURAL GAS LIMITED

Building 2, 3rd & 4th Floor, The Green, Dublin Airport Central, Dublin Airport, Swords, Co. Dublin, K67 E2H3.

Phone 1850 306 800.

