

# Application form for the supply of bottled gas



Please complete the whole form in block capitals using black ball point pen

For the way you want to live

Applicant details		Joint applicant details	
Title Mr/Mrs/Miss/Other		Title Mr/Mrs/Miss/Other	
Surname		Surname	
Forenames		Forenames	

Contact details			
Home	Mobile	Home	Mobile
Work	Email	Work	Email
Address at which supply is requested			Postcode
Billing address (If different from above)			Postcode
IMPORTANT - Date gas required			d m y
Please allow 5 working days between receipt of this form at our offices and your required date for connection.			

Property details	
New property	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant If rented please supply the following information
Landlord/Agent Name	Contact Number
Previous Address	Postcode
What date would you like your final reading to be done	d m y
When leaving premises supplied by gas the consumer shall give at least 2 working days notice to the Company.	

Gas appliances & Tariff		
Please help us to help you by supplying the following information. Gas appliance fitted at new address - Please tick		
<input type="checkbox"/> Cooker	<input type="checkbox"/> Fire	<input type="checkbox"/> Water Heater <input type="checkbox"/> Central Heating <input type="checkbox"/> Outdoor Equipment
Other		
Please indicate your preferred tariff to be charged on	Mains	LPG
Standard 24 - Minimum charge is made if gas consumed Ideal for small domestic users		
Super Economy 24 - A daily charge assessed on annual demand. Payment Method to be by Direct Debit only suitable for the larger domestic and central heating customer		
If this section is left blank then you will be placed on the tariff that is deemed most beneficial to you.		

Agreement	
I/We apply for and agree to take a supply of gas at the requested address and to pay for the same at the rates in force as in accordance with the terms as stated with this application form.	
Applicant signature	Joint applicant signature
Date	Date

## Terms & Conditions

- I /we understand that accounts are due and payable on presentation.
- The Company reserves the right to require a Deposit to be held against charge for gas consumed, such Deposit to bear Interest at the rate of 4% per annum for each complete period of 6 months it is held by the Company.
- The Company reserves the right to discontinue the supply of gas in cases where payment is in arrears, and to make a charge for reconnecting the service.
- The reading on the Gas Meter shall be conclusive evidence of the amount of gas consumed unless it is established by test that the meter is faulty, in which case the charges in dispute shall be based on the result of the test or previous consumptions for the period.
- Our inspector will normally call on a regular basis but we reserve the right to render an estimated account based on an assessment of your previous gas consumption in lieu of an inspection.

## Payment

You may pay your Account with any one of these following methods:

- Direct debit
- Cash
- Cheque
- Solo
- Visa
- MasterCard

Either in The Energy Centre or by telephone.

## What should you do if you smell gas?

In the event of a gas escape:

**Don't** smoke.

**Don't** use naked flames.

**Don't** turn electric switches on or off.

**Don't** leave it to someone else.

**Do** turn your gas supply off at the emergency control valve (usually next to your gas meter, if you have a meter)

**Do** extinguish all naked flames and sources of ignition.

**Do** open doors and windows to allow gas to disperse.

**Additional information for LPG bottle gas users.**

**Do** turn your gas supply off at the emergency control valve or cylinder valve or both.

If possible move suspected leaking cylinders into a well ventilated safe area, away from sources of ignition.

Call Jersey Gas/Kosangas emergency line immediately on 755555.

There is no charge for attending a gas escape and making safe.