

Domestic Customer Agreement



Please complete all sections of this form in BLOCK CAPITALS. Print, sign and return to:

Jersey Gas Company Limited, PO Box 169, La Rue Phillippe Durrell, La Collette, St Helier, Jersey JE2 3NX.

For the way you want to live

For office use only

Property No:	Customer No:	
Deposit required:	Deposit paid:	DD form received:
Input by:	TTO required:	

Customer details

Joint customer details

Title Mr/Mrs/Miss/Other	Title Mr/Mrs/Miss/Other
Surname	Surname
Forenames	Forenames
Date of birth	Date of birth
Employer details	

Contact details

Telephone	Home	Mobile	Email
Address to which gas is to be supplied:			Postcode:
Billing address (if different from above):			Postcode:

Property details

New property Owner Tenant If rented then please supply the following details:

Landlord/Agent Name	Contact Number
If you have had a Gas account, HP account or Service Care agreement with us before, please provide the previous address:	
Postcode:	

Please provide the date when gas is required. Please allow 5 working days notice for connection.

d	m	y
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If you are vacating premises supplied by gas please provide a date when we can take a final reading.

d	m	y
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When leaving the premises supplied by gas, the consumer shall give at least 5 working days notice to the company.

Gas appliance and tariff

If you are not the owner of the property and have not had a gas account with us previously, you may be required to pay a deposit of £250. Please help us to help you by supplying the following information. Which gas appliances are fitted at the address. Please tick.

Cooker Fire Water Heating Central Heating Outdoor Equipment

Other

Please indicate preferred tariff Standard 24 Super Economy* *Direct debit is required for this tariff Mains LPG

Important: If this section is left blank 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 the rates in accordance with the terms as stated.

Applicant signature:	Joint applicant signature:
Print full name:	Print full name:
Date:	Date: