



THE CLEANER FUEL, REACHING MORE HOMES

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ACCOUNT CLOSURE FORM

PLEASE DETACH COMPLETED FORM AND RETURN IT TO FLOGAS NATURAL GAS LTD.

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 THE CLOSING ACCOUNT TO: *(Block Capitals Please)*

NAME:

FLAT/HOUSE NO.:

STREET:

AREA/TOWN:

CITY:

COUNTY:

DAYTIME CONTACT NO.:

EMAIL: