

ACCOUNT CLOSURE FORM

Details of account to be closed (block capitals please)

NAME ON ACCOUNT:	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>
YOUR TELEPHONE NUMBER:	<input type="text"/>
CLOSING METER READING:	<input type="text"/>
DATE FOR CLOSING ACCOUNT:	<input type="text"/>
*NEW ACCOUNT HOLDER NAME:	<input type="text"/>
*NEW ACCOUNT HOLDER PHONE:	<input type="text"/>
*IF KNOWN	

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

NAME:	<input type="text"/>
FLAT/HOUSE NO.:	<input type="text"/>
STREET:	<input type="text"/>
AREA/TOWN:	<input type="text"/>
CITY:	<input type="text"/>
COUNTY:	<input type="text"/>
DAYTIME CONTACT NO.:	<input type="text"/>
EMAIL:	<input type="text"/>

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

FLOGAS NATURAL GAS LTD, Building 2, 3rd & 4th Floor, The Green, Dublin Airport Central, Dublin
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