GAS CONTRACT



			Date:
Business Details	5		
Business Name:			
Registered Compar	ny Name:		
Company Reg. No.			
Business Type:			
Ltd PLC Cha	arity Public Sector Sole Pr	oprietor Partnership	LLP LLC Other
Are you a Micro-Bus	siness? • Yes No		
Billing Address			
Address:			
Town/City:	Postcode:		
Payment Method:		Payment is due within 10	calendar days from the invoice date
I would like to recei	ive a paper copy of my invoice	es at the cost of £2.00	per invoice
Energy Account	Manager (For day to d	lay running of th	e account)
Name:			Mobile No:
Email Address:			Phone No:
Declaration and	Signature/s		
the Simple Gas and Povused solely or in part for	read, understood and will adhere to the wer website: simplegas-power.co.uk/te r commercial purposes. I/We confirm I the supply of energy to the meter/s sta	erms-and-conditions. I/We co /We have authorisation to a	ertify the meter/s to be supplied are
		A second signatory i	s not mandatory
Name:		Name:	
Job Title:		Job Title:	
Signature:		Signature:	
Signed On:		Signed On:	



Gas Supply Information and Pricing	
	Preferred Contract
MPRN:	Start Date:
Business/Site Name	End Date:
Site Address:	
Pricing	
Standing Charge: p/day Unit Rate: p/kWh	
	Preferred Contract
MPRN:	Start Date:
Business/Site Name	End Date:
Site Address:	
Pricing	
Standing Charge: p/day Unit Rate: p/kWh	
	Preferred Contract
MPRN:	Start Date:
Business/Site Name	
Site Address:	
Pricing	
Standing Charge: p/day Unit Rate: p/kWh	
	Preferred Contract
MPRN:	Start Date:
Business/Site Name	End Date:
Site Address:	
Pricing	
Standing Charge: p/day Unit Rate: p/kWh	
	Preferred Contract
MPRN:	Start Date:
Business/Site Name	End Date:
Site Address:	
Pricing	
Standing Charge: p/day Unit Rate: p/kWh	

DIRECT DEBIT AGREEMENT



Instruction to your Bank or Building Society to pay by Direct Debit

Please pay Simple Gas and Power Limited Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Simple Gas and Power Limited and, if so, details will be passed electronically to my Bank or Building Society.

Simple Gas and Power Business customer reference number:					
Name/s of account holder(s):					
Business Name:					
Sort Code:	Account Number:				
Owner Name:	To:				
DD Date Every Month: 7th [14 th 21 th 28 th				
Bank or Building Society address	s & Postcode:				
	Name:				
Signature:	Date:				
	Company Name:				

Instruction to your Bank or Building Society to pay by Direct Debit

This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit, Simple Gas and Power Limited will notify you seven working days in advance of your account being debited or as otherwise agreed. If you request Simple Gas and Power Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by Simple Gas and Power Limited or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society. If you receive a refund you are not entitled to, you must pay it back when Simple Gas and Power Limited asks you to. You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.