

GAS SUPPLY CONFIRMATION FORM



* Form (A) & (B) both need to be completed.

<u>Address where meter is located:</u>	<u>Applicants Details:-</u>
Trading Name _____	Company Name _____
Address _____	Applicants Name _____
_____	Position Held _____

Postcode _____	Date _____
_____	Email _____

<u>Gas Billing Company Details</u>	
Trading Name _____	Company Registration No _____
Address _____	
_____	Company Reference / Account No. _____

Postcode _____	
Contact _____	Company Type (please select one)
Telephone _____	Charity <input type="checkbox"/> PLC <input type="checkbox"/> County Council <input type="checkbox"/>
	Limited <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other (please specify) _____

<u>Gas Supplier Details</u>	<u>Load Details</u>	
Supplier Nominated _____	Annual Quantity _____ (kWh)	Meter Size _____ (m3/hr)
Contact Email at Supplier (if known) _____	Peak Hourly Load _____ (kWh)	Meter Capacity _____ (m3/hr)
MPRN (Meter Point Reference Number) _____		

<u>Additional Information:</u>		
PLEASE EMAIL COMPLETED FORMS TO	partnerquotes@pe.solutions	
PLEASE NOTE THAT ANY FORMS RECEIVED WITH MISSING DATA WILL BE RETURNED AND WILL NEED CORRECTING PRIOR TO BEING PROCESSED		

POZITIVE NEW INSTALLATION APPLICATION FORM



* Form (A) & (B) both need to be completed.

<u>Customer Details</u>	<u>Invoice Details</u>
Address _____ _____ _____	Address _____ _____ _____
Postcode _____	Postcode _____

<u>Applicants Details</u>	<u>Invoice Contact Details</u>
Contact _____ Email _____ Telephone _____	Contact _____ Telephone _____

<u>Site Details</u>	
Address _____ _____ _____	Site Contact _____ Site Telephone _____ If you have any specific site access arrangements - please specify: _____ _____
Postcode _____	

<u>Load Details</u>	<u>Metering Pressure (please tick)</u>
Annual Quantity _____ (kWh)	Low Medium Intermediate
Hourly Quantity _____ (kWh)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outlet _____ (mbar)	
ECV Diameter (mm/inch) _____	

<u>Proposal To Include The Installations of:- (please tick applicable box)</u>	
MPRN _____	
Meter <input type="checkbox"/>	
Include Purge and Relight - Yes/No _____	
Datalogger <input type="checkbox"/>	
Kiosk <input type="checkbox"/> Delivery Only	<input type="checkbox"/> Installation Only
Chatterbox <input type="checkbox"/> Internal	<input type="checkbox"/> External

<u>Additional Notes:</u>