



APPLICATION FOR THE SUPPLY OF NATURAL GAS

COMMERCIAL

FULL NAME: _____
(AS PRINTED ON ID IF NOT AN INCORPORATED BUSINESS)

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

BB: _____

TELEPHONE NO: HOME: _____ CELL: _____

WORK: _____
(IF APPLICABLE)

EMAIL ADDRESS: _____

PLEASE PRINT

REQUEST ONLINE BILLING ☐

You are authorizing the Barbados National Energy Company Limited (BNECL) to deliver your monthly Natural Gas Bill(s) electronically. A ten (10) day notice is required to withdraw the electronic delivery of your Natural Gas Bill(s) and again receive by mail.

It is important to receive your monthly bill(s), therefore, please ensure an accurate email address is provided.

REGISTERED COMPANY NAME: _____

NAT. REG. NO. / COMPANY REG. NO: _____

TYPE OF COMMERCIAL SERVICE

| | | | | |
|--------------------------|-----------------|-----|----------------------|---------------------------------------|
| <input type="checkbox"/> | New Service | Fee | <input type="text"/> | Account No.: _____ |
| <input type="checkbox"/> | Unseal | Fee | <input type="text"/> | Receipt No.: _____ |
| <input type="checkbox"/> | Reinstall Meter | Fee | <input type="text"/> | Total Fee <input type="text"/> |

PROPERTY OWNED ☐ RENTED ☐ OTHER ☐ _____

Equipment to be used: _____

Hours of use per day: _____ Days of use per month: _____

I FURTHER DECLARE that upon default of any payment to be paid in respect of this account I agree to pay **1.5% interest charge per month after 30 days** and all reasonable Attorney-At-Law fees and costs necessary for the collection of such debt.

APPLICANT: _____ DATE: _____

NAT. REG. NO. _____

VERIFIED: _____ DATE: _____