# New Gas Meter Application Form

### Easy methods to complete this form

- Type your details directly into the fields provided in this PDF file, then submit automatically by email, by selecting the SUBMIT button at the end of the form, or
- 2. Type your details directly into the fields provided and simply save the completed form onto your own PC (using 'File' and 'Save a Copy'). The form can then be attached manually to a new email and sent to: b2bconnections@npower.com, or
- 3. Simply print off the form in black & white, enter your details as normal **(black ink)** and send to us by fax or post.

## Please complete this form as fully as possible and return to npower.

From the information provided on this form we aim to provide you with an electricity supply agreement within 3 working days. This will need to be signed and returned. It will take approximately 15 working days from acceptance of supply agreement for metering to be installed.

For recently installed or upgraded gas services, it will be very helpful if you can provide a copy of your gas network quotation to assist with this application.

#### **Contact Details** (mandatory)

Company Name:							
Site Address: (where meter is being installed)		Site	te Contact Name & Telephone Number:				
Email Address: (or Correspondence Address where the quotation needs to be sent)		ent)					
Billing Address: Bi		Billin	illing Contact:				
Company Registered Number:							
Please tick the Following:	Registered Charity Public Sector	LTD [	LLP Other				
Does the company consume 100,000 kWh or less of electricity per year?			Yes \( \square\) No \( \square\)				
Does the company consume 293,000 kWh or less of gas per year?			Yes \( \simeq \ No \( \simeq \)				
Does the company employ fewer than 10 employees (or their full time equivalent)?			Yes No No				
Does the company have an Annual Turnover no greater than €2 million (Euros)?			Yes No No				
Does the company have a Balance Sheet no greater than €2 million (Euros)?			Yes No No				
Non Limited Details (please provide proprietor's full name, DOB and home address)							
Full Name:							
Date of Birth:							

By submitting this form you are agreeing to npower performing a credit check on the limited company, or in the case of the customer being a non-limited company, the proprietor details quoted above.



Full Home Address:

### **New Gas Meter Application Form**

**Supply Details** (mandatory)

MPRN: (meter point reference number)										
You can obtain your MPRN by ringing If you are an existing npower custom										
Peak Instantaneous Demand: (hourly load)			BTU'S	KWH		CUFT		METRES		
Please Indicate Units. This can be fou PLEASE NOTE: The HOURLY LOAD is essential to								_		
Gas Usage:	Heating 🗌	Catering		Light	Light Processing Heavy Processing					
No. of Hours Site Operating Per Day:										
Is the incoming gas service:	Low pressure	Mediun	n pressure 🗌	Don't	Don't know					
pressure greater than 21 mbar	′es □ No □	If Yes please specify required pressure					mbar			
Proposed Meter Position:	nternal 🗌	Externa	ternal 🗌							
Do you require meter housing?	Yes No No									
Do you have a live gas supply?	∕es □ No □	Live Re	f No:							
You can obtain a live or dead check	( for your gas se	rvice by	calling Transc	o on 08	800 111 9	99.				
Is you gas service capable of supplying your hourly load?	′es 🗌 No [				unsure we ar check upon r			ation.)		
Construction / Developers please state your required contract length:										
Is the energy consumption being used wholly or mainly for business purpose	VAC I	No [	]							
How did you hear about us?										
How did you hear about us?	Existing Customer		Recommendati		tion Sear		ch Engine 🗌			
	npower Website		Advertising			Other	-			
Additional information:										
Your npower account manager: (if known)										
Once completed										
Postal or Fax applications,	To email manually:				To email automatically as a					
<b>Fax:</b> 0845 0787963	Simply save the completed for your own PC (using 'File' and 'S Copy') and then include the do as an attachment in a new em b2bconnections@npower.com					eted attachment file: use the SUBMIT button below.				
Correspondence Address: npower New Connections, 3rd Floor, 2 Princes Way, Solihull, West Midlands, B91 3ES					Submit					

**Please note:** Depending on your email programme, after hitting the submit button, you will be asked how you would like to send your New Connection Application form (e.g. via a Desktop email application such as Microsoft Outlook or an Internet based email programme like Hotmail). Simply choose the option suitable for you. A confirmation notice will then display that our email has been sent. To double check that this has been successful look in your 'Sent Items' for an email to 'B2B Connections'. In the event that on hitting submit a new email opens with the New Connection Application form attached as a PDF, simply copy the email address b2bconnections@npower.com into the 'To' box and hit send as you would a normal email.

0330 1006 970

Mobiles:



0800 9125 001

Landlines: