



Postal Address: P.O. Box HM 373, Hamilton HM BX, Bermuda
Street Address: 25 Serpentine Road, Pembroke HM 07, Bermuda
Telephone: 441-295-3111 **Fax:** 441-295-8311
E-Mail: info@bermudagas.bm **Web:** www.bermudagas.bm

CUSTOMER APPLICATION FORM

FOR YOUR HOME

Customer Name:

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name: _____ Date of Birth (DD/MM/YY): _____

Number of Dependants: _____

Street Address: _____

Directions to House: _____

Billing Address: _____

(if different from above)

Would you like to sign up for e-billing: Yes No

E-mail Address: _____

Tel Home: _____ Tel Work: _____ Cell: _____

Own: _____ Rent: _____ Landlord's Name: _____

Landlord's Address: _____ Landlord's Tel: _____

Occupation: _____ Present Employer: _____

Employer Address: _____

Number of years at present employer: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Full Name: _____ Spouse's Occupation: _____

Spouse's Employer: _____ Tel: _____

Photo Identification:

Driver's Licence No: _____ Passport No: _____

TERMS:

I agree to the policies, terms and conditions of Bermuda Gas & Utility Company Limited. These policies, terms and conditions are subject to change upon notification from Bermuda Gas & Utility Company Limited. I give permission to Bermuda Gas & Utility Company Limited to obtain information from any source to verify any statements made in this application. I understand that this account will be activated upon confirmation of receipt by Bermuda Gas & Utility Company Limited of the required pre-payment. I agree to advise Bermuda Gas & Utility Company Limited of any change to the information provided herein or in the event that I plan to leave the Island. I agree that all late payment fees, agency charges, legal costs and other expenses incurred by Bermuda Gas & Utility Company Limited in attempting to recover overdue amounts will be charged to my account. Late fees will be incurred if payment is not received within 30 days of statement date. Late fees will be the greater of either \$5.00 or 3% of the overdue balance.

Signature: _____ Date: _____