



Vector Commercial Connection Form

Initiator :- _____ Ph No _____ Fax _____

Energy Retailer:- _____

Request Type:- New Connection Meter / Pressure change

Company / Business Name _____

Customer Contact Name _____ Ph No _____

Site Address _____

Address for gas account _____

Type of Business _____

Gasfitter's Name _____ Ph No _____

Gas to be used for:- Water Heating Space Heating Cooking

Process Seasonal usage Yes / No

Seasonal details _____

Appliances to be installed _____ Rating _____

_____ Rating _____

_____ Rating _____

_____ Rating _____

Average usage Hrs / day Days / week Weeks / year

Preferred meter position _____

Meter pressure required 2.75 kPa 7 kPa 35 kPa Other

Gas on date _____ Connection Fee \$ _____ GST Excl _____

Could you please fill out the sections of the form as far as possible.

Details of meter pressure etc are required to enable us to correctly size the meter.
We also require details of who the gas retailer will be so that we can process the application through them.

Please return this Connection form by Facsimile to: 07 848 0406