

## Refund Form

Please fill out this Refund Form in full and in capital letters and return by post to Cylinder Support Team, Whitegate, Co. Cork or by email to cylindergas@calorgas.ie and attach/enclose photo of the receipt for the cylinder service charge, so that we may process your request.

## This form should only be used when:

- 1. You no longer require the use of a Calor Gas cylinder(s).
- 2. You have made a final and permanent return of that cylinder(s) to a Calor Gas outlet.

Name:		Contact No:	Email addres
Signature:			Date:
		L	
Please tick cyl	inder size as	s appropriate	
Cylinder Size	Quantity		
5kg Butane			
11.34kg Butane			
9kg Propane			
11kg Propane			
19kg Propane			
34kg Propane			
47kg Propane			
6kg Patio Gas			
11kg Patio Gas			
ING Facio Gas			
For completio	n		
by Calor cyline	der stockist	Retailer Account Num	nber:
I/ We confirm that The cylinder(s) may		ed customer has returned the cyli	nder(s) as indicated.
The cylinder(s) may	y be added to if	iy stock.	
Name:			

**Email address** 

Date:

Retailer Phone Number

Signature: