

APPLICATION AND CONTRACT FOR NON-RESIDENTIAL CUSTOMERS

This is your application for gas service. As a customer, you agree to pay for the service supplied at the rates, charges and terms of your service classification as prescribed in our tariff and rate schedule.

Service classification and rates may change from time to time and our service will be supplied in accordance with all such changes. A copy of our current non-residential rate schedule is enclosed with this application, and the tariffs are available in every business office. Customer representatives are also available to answer questions and provide assistance.

In addition, we have enclosed a brochure which details your rights as a non-residential customer. It also explains our obligations and procedures for handling any inquiries you may have.

Please read all questions and answer them to the best of your knowledge. In the event the information you provide is not sufficient to process your application, we will notify you of the additional information required.

Please be sure this application is signed in Part 5 before returning it to us. Thank you.

nationalgrid

PART 1 – ACCOUNT INFORMATION

	TYPE OF SERVICE YOU ARE APPLYING FOR GAS <input type="checkbox"/>	TYPE OF SERVICE TO BUILDING NOW? GAS <input type="checkbox"/> NONE <input type="checkbox"/>
P	ACCOUNT NAME	
L	DOING BUSINESS AS <i>(if other than account name)</i>	
E	SERVICE ADDRESS	NUMBER STREET SUITE NO. VILLAGE ZIP
A	STARTING ON DATE <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SERVICE BUSINESS NUMBERS () HOME () CONTACT ()
S	LANDLORD/AGENT NAME	ADDRESS TELEPHONE NUMBER ()
E	IF YOU PREFER TO HAVE THE BILLS AS WELL AS ALL OTHER INFORMATION MAILED TO AN ADDRESS OTHER THAN THE SERVICE ADDRESS, PLEASE PROVIDE YOUR MAILING ADDRESS HERE:	
S	MAILING ADDRESS	NUMBER STREET VILLAGE STATE ZIP
E	TAX EXEMPT STATUS <input type="checkbox"/> TAXABLE <input type="checkbox"/> NON-TAXABLE <input type="checkbox"/> PARTIAL TAX EXEMPT	A COPY OF YOUR TAX EXEMPT CERTIFICATE REQUIRED IF APPLICABLE
P	TAXPAYER IDENTIFICATION NUMBER	
R	BANK NAME	ACCOUNT NUMBER(S) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
I	TRADE REFERENCE	ADDRESS PHONE NUMBER ()
N	PLEASE LIST ALL PARTNERS OR OWNERS OF YOUR BUSINESS IF APPLICABLE	
T	NAME	POSITION/TITLE
	ADDRESS	PHONE NUMBER ()
	NAME	POSITION/TITLE
	ADDRESS	PHONE NUMBER ()
I	IF YOU HAVE HAD A NON-RESIDENTIAL ACCOUNT IN THE PAST OR IF YOU CURRENTLY HAVE A NON-RESIDENTIAL ACCOUNT, PLEASE FILL IN THIS SECTION. (CIRCLE ONE) CURRENT OR FORMER ACCOUNT INFORMATION.	
N	ACCOUNT NAME	
T	ACCOUNT ADDRESS	NUMBER STREET SUITE NO. VILLAGE ZIP
	N.Y.	
	ACCOUNT NUMBER(S)	
	IF THIS IS A CURRENT ACCOUNT, DO YOU WANT THIS SERVICE SHUT OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE DATE TO SHUT OFF SERVICE

PART 2 – METER ACCESS INFORMATION

WHEN ACCESS CANNOT BE OBTAINED FOR A SPECIFIED PERIOD, YOU OR THE PERSON CONTROLLING ACCESS TO THE METER(S) WILL BE SUBJECT TO NON-ACCESS CHARGES AND POSSIBLE TERMINATION OF SERVICE AS SPECIFIED IN THE TARIFF, RULE II.3D.2 IN ORDER TO PROVIDE BILLS ON ACTUAL READINGS, WE MUST HAVE ACCESS TO YOUR METER(S). IF YOU DO NOT CONTROL ACCESS TO YOUR METER(S), PLEASE FILL IN THIS SECTION.			
WHO CONTROLS ACCESS TO YOUR METER NAME			
ADDRESS		NUMBER STREET SUITE NO. VILLAGE ZIP	
		N.Y.	
TELEPHONE NUMBER(S)	ACCOUNT NUMBER		

PART 3 – SERVICE AND RATE CLASSIFICATION INFORMATION

Rates for each service classification are different because the cost to provide service is different. You, the customer, qualify for a service classification if you meet the eligibility conditions of that classification. Further, we will endeavor to assist in the selection of your most favorable rate classification.

If served by multiple rate classifications at the same location, you will not be permitted switchable thermal requirements (gas) between the multiple classification.

To insure proper billing, you must notify us in writing if use of service or equipment changes in the future.

Please answer the following questions accurately and completely. The information provided here will assist us in determining the proper service classification for your account. If service information you provide is inaccurate or incomplete, you may be subject to backbilling or may be precluded from receiving a refund for overcharges from the resulting incorrect billing.

TYPE OF BUSINESS	SIZE OF YOUR PREMISES SQUARE FEET
DO YOU PLAN TO LIVE AT THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WILL THE SERVICE BE USED PRIMARILY FOR RESIDENTIAL PURPOSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREMISES USED FOR: <input type="checkbox"/> CHURCH <input type="checkbox"/> FACTORY <input type="checkbox"/> RESTAURANT/CATERING HALL <input type="checkbox"/> OFFICE <input type="checkbox"/> MULTI FAMILY DWELLING <input type="checkbox"/> SCHOOL <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NURSING/ADULT HOME <input type="checkbox"/> RETAIL <input type="checkbox"/> 5 OR MORE UNITS <input type="checkbox"/> THEATRE <input type="checkbox"/> DAY CARE CTR. <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> OTHER (Specify: _____)	
DOES THE PREMISES CONTAIN A COMMUNITY ROOM, CAFETERIA OR MEETING ROOM WHICH HOLDS 70 OR MORE PEOPLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NORMAL OCCUPANCY: <input type="checkbox"/> 70 OR MORE <input type="checkbox"/> LESS THAN 70	
TYPE OF HEAT <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OIL <input type="checkbox"/> OTHER: _____	
WHAT TYPE OF BUSINESS PREVIOUSLY OCCUPIED THIS LOCATIONS?	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>GAS</p> <p>1) SERVICE USED FOR</p> <p><input type="checkbox"/> COOKING _____</p> <p><input type="checkbox"/> HOT WATER _____</p> <p><input type="checkbox"/> HEATING _____</p> <p><input type="checkbox"/> AIR CONDITIONING _____</p> <p><input type="checkbox"/> VEHICULAR FUEL _____</p> <p>ALTERNATE FUEL TYPE _____</p> <p><input type="checkbox"/> TEMPERATURE CONTROLLED _____</p> <p><input type="checkbox"/> INTERRUPTIBLE _____</p> <p><input type="checkbox"/> TRANSPORTATION _____</p> </div> <div style="width: 45%; text-align: center;"> <p>Estimated Monthly Connected Load (Thms/Month)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p>2) IS YOUR APPLICATION FOR NEW OR ADDITIONAL GAS USE AT THIS LOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, YOUR REPRESENTATIVE WILL VERIFY THE AVAILABILITY OF GAS SUPPLY AT YOUR LOCATION AND WILL CONTACT YOU WITH THIS INFORMATION.</p> <p>3) IS THERE ANY SIGNIFICANT CHANGE IN USE FROM THE PREVIOUS CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DESCRIBE CHANGE: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

PART 4 – DEPOSIT INFORMATION

New non-residential customers are required to pay a deposit when applying for service. The deposit amount shall not exceed the cost of twice the expected monthly usage for a peak season. The deposit is subject to later upward or downward revision based on actual subsequent billing. You may request that your account be reviewed in order to assure that the deposit is not excessive. Deposit alternatives which provide a level of security equivalent to cash, such as irrevocable bank letters of credit and surety bonds, may be accepted.



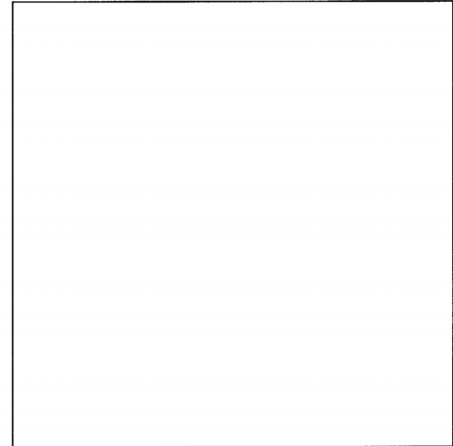
PART 5 – SIGNATURE FOR NEW SERVICE INSTALLATION:

THE APPLICATION CERTIFIES THAT: (Circle A or B)

A) I am the owner of the real property onto which proposed service facilities shall be installed and further, I am aware that the Utilities are not responsible for the permanent restoration on private property.

B) I have obtained the permission of the owner to install Gas service facilities and further, that said owner is aware that the Utilities are not responsible for permanent restoration on private property

AFFIX CORP.
SEAL HERE
(OR CASH AND FILM NOS.)
OR
CERTIFIED COPY OF
BUSINESS CERTIFICATE
IF NOT A
CORPORATION



In addition, applicant understands that if the Utility installs a new gas service facility at applicant’s request and the service is not used within 6 months, applicant must pay for the entire installation cost in accordance with the Gas Tariff.

I/WE HEREBY CERTIFY THAT THE ABOVE NAMED CORPORATION/BUSINESS IS DULY ORGANIZED AND EXISTING UNDER THE LAWS OF _____
NAME OF STATE

THE APPLICANT FURTHER AGREES TO PAY THE APPLICABLE RATES AND CHARGES FOR THE GAS SERVICE HEREIN REQUESTED AND THAT THE APPLICANT WILL BE BOUND BY AND COMPLY WITH THE RULES AND REGULATIONS OF THE COMPANY APPLICABLE THERETO.

X
SIGNATURE OR OWNER, OFFICER OR AUTHORIZED AGENT _____

DATE SIGNED _____

PRINT NAME AND TITLE _____

EMPLOYEE NO.: _____
SIGNATURE OF UTILITY REPRESENTATIVE _____

DATE SIGNED _____

PART 6 – PLEASE DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY

ACCOUNT NUMBER	CATEGORY CODE	GAS RATE CODE
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DEPOSIT AMOUNT	RECEIPT NUMBER	DATE PAID
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