

This application must be completed by all applicants for Non-Residential gas service. Should you not have the necessary Requirements for Non-Residential Service available, service will be deferred until all required information is completed. These Requirements for Non-Residential Service will be/are checked below.

Requirements for Non-Residential Service

* A security deposit may be required.

Please complete highlighted sections with all pertinent information ✓

Section I: Applicant information

Section I: Principal Officers, Partners or Owners of Business. (At least one officer is required)

Section II: Bank Reference

Section III: Service Classification

Section III: Tax ID # , if tax exempt attach Tax Exempt Certificate. For accounts with personal name social security number is required.

Section V: Customer Certification of Application - Print name and sign - signature must match name listed as principal officer.

Service Address: _____

If above address has a meter on location, please provide meter # _____

Total Number of meters required _____

Multifamily/Commercial Unit Designation (i.e. Apt1A, 1B, Store1, Rest, Office...etc)

If more space is required please include in an attachment.

Gas load breakdown per meter (i.e. Meter 1A: Heating 150k BTUs, WH 40k BTUs...etc.k

Meter #1: _____

Meter #2: _____

Meter #3: _____

Meter #4: _____

If more space is required please include in an attachment.

Lincese Plumber name: _____ Address: _____

Phone number: _____ Fax number: _____ Email address: _____

Energy efficiency: Would you be interested to hear about possible Energy Efficiency rebates for this project?

Contact name: _____

Phone: _____

Email: _____

III. SERVICE CLASSIFICATION (BILLING RATE)

It is important to answer the following questions accurately to assist us in determining the proper and most beneficial service classification for your account.

The cost of gas service may vary depending on the service classification. There are eligibility requirements for each service classification and you may qualify for more than one. One service classification may be more beneficial than another. **If you are a veterans' organization, you may be eligible for a Residential Rate, which may be more beneficial.**

In classifying your service, we may rely on the information that you provide us. If you provide inaccurate or incomplete information and we backbill your account under the correct service classification, you may not be eligible for a refund of any overcharges.

If your use of gas service or gas equipment changes in the future, you must notify National Grid so that you may be properly billed. A brochure which explains the common Non-Residential service classifications is provided with this application. Questions about service classification may be discussed with our customer representatives. Our tariff, which is on file in every Customer Office, describes each service classification in detail and may be examined upon request.

A. Appliances in Use *(Please Check)* ✓

- | | |
|---|---|
| <input type="checkbox"/> Central Heat | <input type="checkbox"/> Commercial Cooking with _____ Ranges |
| <input type="checkbox"/> Space Heating with _____ Units | <input type="checkbox"/> Dryers _____ |
| <input type="checkbox"/> Oil Burner Pilot | <input type="checkbox"/> Gas Air Conditioning |
| <input type="checkbox"/> Water Heating | <input type="checkbox"/> Other <i>(Explain)</i> _____ |

B. Type of Dwelling ✓

- | | |
|--|---|
| <input type="checkbox"/> Multi-Family with _____ # of apartments | <input type="checkbox"/> Store |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Other <i>(Explain)</i> _____ |
| <input type="checkbox"/> Warehouse | |

C. General Service Classification Questions ✓

1. Is the same gas equipment being used as for the prior customer? Yes No
2. Total BTU input of your gas equipment: _____
3. Describe type of business (i.e., restaurant, laundromat, etc.): _____
4. Is premises owned or operated by a religious institution where gas is used predominantly for religious purposes?
 Yes No
5. Is premises a community residence for the mentally ill, operated by a non-for-profit corporation and does not have staff on premises 24 hours a day? Yes No

D. Other Account Information

1. Is access to your meter controlled by another party? Yes No
Name of Access Controller: _____
Address: _____
Borough: _____ State: _____ Zip: _____
Tel. No.: _____ National Grid Account No.: _____
2. What is the tax exemption status of your business? *(Please attach copy of exemption certificate, if applicable):* ✓
 Taxable Non-Taxable Partial Tax Exempt
Tax Identification Number: _____

3. Do you currently have another Non-Residential account with National Grid? Yes No

Have you had a Non-Residential account with National Grid before? Yes No

Name of Current or Prior Account: _____

Address: _____

Borough: _____ Zip: _____ Account No.: _____

E. Request for Inspection

The applicant has the right to request an inspection of the metering device to assure accuracy. A meter inspection will be provided if you check this box.

Meter Inspection requested

**IV. PROOF OF TITLE OR OWNERSHIP
(ATTACH COPY)**

■ Deed/Lease Name: _____ Tel. No.: _____

Date of Responsibility: _____ County Filed: _____

■ Lawyer's Letter

Name: _____ Tel. No.: _____

■ Business Certificate/Corporate Documents

Name: _____ Tel. No.: _____

Date of Responsibility: _____ County Filed: _____

V. CUSTOMER CERTIFICATION OF APPLICATION

I/we agree to pay for service supplied to the premises applied for in this application at the rates, charges and terms in accordance with the provisions of the National Grid Tariff, and any applicable law, regulation or ordinance. To the best of my/our knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.



Application submitted by: ✓

Print Name: _____

Full Signature: _____

Relationship to person responsible for account:

Same

Third Party (Specify) _____

Date this application was made: _____

- FOR COMPANY USE ONLY -

Representative: _____ Emp. No.: _____

Customer Office: _____

Account No.: _____

Rate/SA: _____

Customer ID # _____

Deposit Info

Amount \$: _____ Certificate No.: _____

Waived-Supervisor

Signature: _____

Reason: _____