national**grid**

Application and Contract for Non-residential Customers

This is your application for gas service.

As a customer, you pay for the main and/or 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 and the tariffs are available in every business office and online. Customer representatives are also available to answer questions and provide assistance.

In addition, please visit **NationalGridUS.com/Long-Island-NY-Business** 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 and complete the entire gas application and load letter 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.

NOTE: Please fill out this application for each meter at this location.

PART 1 - ACCOUNT INFORMATION

	TYPE OF SERVICE YOU ARE APPLYING FOR GAS	TYPE OF SERVICE TO BUILDING NOW? GAS NONE				
	account Name					
P	CUSTOMER ID NUMBER (please call <u>1-800-930-5003</u> to establish)	EMAIL ADDRESS				
L	DOING BUISNESS AS (IF OTHER THAN ACCOUNT NAME)					
Е	SERVICE NUMBER STREET ADDRESS	SUITE NO. VILLAGE ZIP				
Α	STARTING ON DATE OWN RENT	SERVICE HOME CONTACT NUMBERS				
	LANDLORD/ AGENT NAME	TELEPHONE NUMBER				
	IF YOU PREFER TO HAVE THE BILLS AS WELL AS ALL OTHER IN SERVICE ADDRESS, PLEASE PROVIDE YOUR MAILING ADDRESS I					
	MAILING ADDRESS	VILLAGE STATE ZIP				
	TAX EXEMPT TAXABLE NON-TAXABLE PAF	A COPY OF YOUR TAX EXEMPT CERTIFICATE IS REQUIRED IF APPLICABLE				
	TAXPAYER IDENTIFICATION NUMBER					
P R I	BANK ACCOUNT NUMBER(S) NAME	☐ CHECKING ☐ SAVINGS				
	TRADE ADDRESS REFERENCE	PHONE NUMBER				
	PLEASE LIST ALL PARTNERS OR OWNERS OF YOUR BUSINESS IF APPLICABLE					
	NAME PO	SITION/TITLE				
	ADDRESS PH	HONE NUMBER				
	NAME PO	SITION/TITLE				
	ADDRESS PF	HONE NUMBER				
+	IF YOU HAVE HAD A NON-RESIDENTIAL ACCOUNT IN THE PAST ACCOUNT, PLEASE FILL IN THIS SECTION. (CIRCLE ONE) C	OR IF YOU CURRENTLY HAVE A NON-RESIDENTIAL URRENT OR FORMER ACCOUNT INFORMATION.				
'	ACCOUNT NAME					
	ACCOUNT ADDRESS					
	ACCOUNT NUMBER(S)					
	IF THIS IS A CURRENT ACCOUNT, DO YOU WANT THIS SERVICE SHUT OFF? YES ☐ 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 YOU METER(S). IF YOU DO NOT CONTROL ACCESS TO YOUR METER(S), PLEASE FILL IN THIS SECTION						
WHO NAM	Controls access to your meter E:					
ADDR	ESS NUMBER STREET	SUITE NO. VILLAGE ZIP				
TELEF NUME	HONE ER(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 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 form receiving a refund for overcharges from the resulting incorrect billing SIZE OF YOUR PREMISES TYPE OF BUSINESS SQUARE FEET DO YOU PLAN TO LIVE IF YES, WILL THE SERVICE BE USED AT THE PREMISES? PRIMARILY FOR RESIDENTIAL PURPOSE? **PREMISES** FACTORY RESTAURANT/CATERING HALL OFFICE MULTI FAMILY DWELLING CHURCH USED FOR: SCHOOL HOSPITAL NURSING/ADULT HOME RETAIL 5 OR MORE UNITS THEATRE DAY CARE CTR. WAREHOUSE OTHER:_ DOES THE PREMISES CONTAIN A COMMUNITY ROOM, CAFETERIA OR MEETING ROOM WHICH HOLDS MORE THAN 70 PEOPLE? ₹YES ∏NO 70 OR LESS NORMAL OCCUPANCY: 70 OR MORE TYPE OF **HEAT** GAS ELECTRIC OIL OTHER:_ WHAT TYPE OF BUSINESS PREVIOUSLY OCCUPIED THIS LOCATION? **FUTURE GAS SITE INFORMATION** NOTE: Private property markout required prior to scheduling for all new commercial gas services (ENTER DISTANCE IN FT. ON (ENTER DISTANCE IN FT. ON ABOVE LINE) ABOVE LINE) M (ENTER DISTANCE IN FT. ON (ENTER DISTANCE IN FT. ON **REAR OF STRUCTURE** С ABOVE LINE) ABOVE LINE) = METER LOCATION M = CORNER M M MUST ENTER APPROX. DISTANCE FROM METER TO NEAREST CORNER OF **STRUCTURE** C FRONT OF STRUCTURE C (ENTER DISTANCE IN FT. ON (ENTER DISTANCE IN FT. ON M ABOVE LINE) ABOVE LINE) (ENTER DISTANCE IN FT. ON (ENTER DISTANCE IN FT. ON ABOVE LINE) ABOVE LINE) STREET Cross Street(s): FOR NEW CONSTRUCTION AND BUILDING RENOVATIONS THE JOB SITE IS CONSIDERED READY FOR GAS SERVICE INSTALLATION WHEN THE FOLLOWING CRITERIA ARE MET: -Installations of sewer, water and all underground utilities have been completed. -The building is secured and enclosed. An enclosed building means the walls, windows and roof of the building have been completed. -The location of the new gas service is level to final grade, free of debris and scaffolding. REMINDER: PHOTOS OF JOB SITE READINESS ARE REQUIRED BEFORE SERVICE CAN BE SCHEDULED

PART 4 - DEPOSIT INFORMATIO	N			
New non-residential customers are requ the cost of twice the expected monthly based on actual subsequent billing. You excessive. Deposit alternatives which pr surety bonds, may be accepted.	usage for a peak season. The d may request that your account	eposit is subject to later upw be reviewed in order to assu	ard or downward revision are that the deposit is not	
PART 5 - SIGNATURE FOR GAS REQUEST TO NATIONAL G	GRID:			
MANDATORY: THE APPLICATION CER	TIFIES THAT: (Please Check Eit			
A) I am the owner of the real prop- service facilities shall be installed a that the Utilities are not responsible restoration on private property.	nd further, I am aware	AFFIX CORP. SEAL HERE (OR CASH AND FILM NOS.) OR CERTIFIED COPY OF BUSINESS CERTIFICATE IF NOT A		
B) I have obtained the permission service facilities and further, that so the Utilities are not responsible for on private property	aid owner is aware that	CORPORATION		
In addition, applicant understands that new gas service facility at applicant's re is not used within 6 months, applicant n installation cost in accordance with Gas	quest and the service nust pay for the entire			
I/WE CERTIFY THAT THE ABOVE N	AMED CORPORATION/BUSI	NESS IS DULY ORGANIZ	ED AND EXISTING UNDER THE	
X SIGNATURE OF OWNER, OFFICER OR A	X SIGNATURE OF OWNER, OFFICER OR AUTHORIZED AGENT			
PRINT NAME AND TITLE				
CTONATURE OF UTILITY REPRESENTATI	EMPLOYEE NO.:			
SIGNATURE OF UTILITY REPRESENTATI	VL.			
PART 6 - PLEASE DO NOT WRITE ACCOUNT NUMBER	E IN THIS AREA - FOR OI CATEGORY COD		GAS RATE CODE	
	S.112301(1 COD	_	3.3.12 3352	
DEPOSIT AMOUNT	RECEIPT NUMBE			