

Application for non-residential gas service

One MetroTech Center
Brooklyn, NY 11201-3850
FAX: 718-498-1183

This application must be completed by all applicants for Non-Residential gas service. Should you not have 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 IV: 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 Labeling (i.e. Apt 1A, 1B, Store 1, 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)

Meter #1: _____

Meter #2: _____

Meter #3: _____

Meter #4: _____

If more space is required please include in an attachment.

License Plumber name: _____ Address: _____

Phone: _____ Fax: _____ Email Address: _____

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

Contact name: _____ Phone: _____

Email Address: _____

I. GENERAL INFORMATION (Please complete in pen only)

Applicant Information

ACCOUNT NAME	BUSINESS PHONE		
SERVICE ADDRESS	BOROUGH	ZIP	
MAILING ADDRESS (if different from above) c/o NAME	HOME PHONE		
ADDRESS	CITY	STATE	ZIP

Principal Officers, Partners or Owners of Business

Corporation Partnership Individual Veterans' Organization Other _____

1. NAME	TITLE		
HOME ADDRESS	CITY	STATE	ZIP
PHONE	SOC. SEC. NO.		
2. NAME	TITLE		
HOME ADDRESS	CITY	STATE	ZIP
PHONE	SOC. SEC. NO.		
3. NAME	TITLE		
HOME ADDRESS	CITY	STATE	ZIP
PHONE	SOC. SEC. NO.		

Managing Agents—Trustees—Receiverships—Estates:

1. MANAGING AGENTS NAME	OWNER'S CONTRACT - DATE OF CONTRACT	SIGNED BY
HOME ADDRESS	CITY	STATE ZIP
DATE SIGNED _____		

2. TRUSTEE/EXECUTOR/RECEIVER NAME	COURT INDEX NO.	
JUDGE'S NAME	COUNTY OF	DATE ESTATE ESTABLISHED
LAWYER'S NAME	PHONE	
ADDRESS	CITY	STATE ZIP

II. BANK REFERENCE

NAME OF BANK	BRANCH ADDRESS		
CITY	STATE	ZIP	
NAME ACCOUNT CARRIED IN	ACCOUNT NO.		
TYPE OF ACCOUNT			

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"/> Dryers | <input type="checkbox"/> Gas Air Conditioning |
| <input type="checkbox"/> Oil Burner Pilot | <input type="checkbox"/> Space Heating with _____ Units |
| <input type="checkbox"/> Water Heating | <input type="checkbox"/> Other (Explain) _____ |

B. Type of Dwelling

- | | |
|--|--|
| <input type="checkbox"/> Multi-Family with _____ # of apartments | <input type="checkbox"/> Store |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Other (Explain) _____ |
| <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 institute 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: _____
Phone: _____ National Grid Account No.: _____
2. What is the tax exemption status of your business? (Please attach copy of exemption certificate, if applicable):
 Tax Non-Taxable Partial Tax Exempt Tax Identification #: _____
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: _____ State: _____ 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

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.

Corporate Seal

Application submitted by:

Print Name: _____

Full Signature: **X** _____

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: _____

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