

## **National Grid Application Requirements for Non-Residential Service**

- Complete **ALL** sections of the application.
- The application must contain your company's Federal Tax ID Number.
- The application must be signed by an officer of the corporation.
- Provide corporate paperwork (listing all corporate officers). A letter from the corporate accountant or attorney listing the officers is acceptable. If a managing agent is signing, a letter giving authority signed by a corporate officer must be attached.
- If you are sales tax exempt you must provide your sales tax exempt certification.
- Corporate Name must be active in NYS and will be verified through NYS corporation database. If a prospective customer is incorporated outside of NYS, they must file with NYS and appear in the NYS database. If they have filed within the last 7 days, they may not yet be listed and need to provide a copy of the filing receipt.
- Deposit may be paid by credit card, electronic check, cash or money order.
- If you are a place of worship, you must provide state certification as a religious entity and sales tax exemption certificate.
- You must complete an application for each account if you are applying for more than one account.
- A notarized lease signed by both the landlord and tenant may be required in some cases.
- You may fax or email the following documents:
  - Non Residential Application
  - Papers of Incorporation or Letter as described above
  - Sales Tax Exempt Certification (as applicable)
  - Notarized lease (as applicable)

**Email:** [NGLI\\_NONRES\\_APPLICATION@nationalgrid.com](mailto:NGLI_NONRES_APPLICATION@nationalgrid.com)

**Fax:** 315-460-9715

**Paper Mail:** National Grid  
300 Erie Blvd West  
Syracuse, NY 13203

Attn: Accounts Processing – C&I

**PART 1 – ACCOUNT INFORMATION**

P 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"/>
ACCOUNT NAME	
DOING BUSINESS AS <i>(if other than account name)</i>	
SERVICE ADDRESS      NUMBER STREET      SUITE NO.      VILLAGE      ZIP	
E STARTING ON DATE <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SERVICE BUSINESS NUMBERS (    )      HOME (    )      CONTACT (    )
LANDLORD/AGENT NAME      ADDRESS      TELEPHONE NUMBER (    )	
A 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:	
MAILING ADDRESS      NUMBER STREET      VILLAGE      STATE      ZIP	
S 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	
E TAXPAYER IDENTIFICATION NUMBER	
BANK NAME      ACCOUNT NUMBER(S) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
TRADE REFERENCE      ADDRESS      PHONE NUMBER (    )	
PLEASE LIST ALL PARTNERS OR OWNERS OF YOUR BUSINESS IF APPLICABLE	
P NAME	POSITION/TITLE
ADDRESS	PHONE NUMBER (    )
R 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. <b>(CIRCLE ONE) CURRENT OR FORMER</b> ACCOUNT INFORMATION.	
ACCOUNT NAME	
ACCOUNT ADDRESS      NUMBER STREET      SUITE NO.      VILLAGE      ZIP	
N.Y.	
T 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 <span style="float:right">SQUARE FEET</span>
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><b>GAS</b></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> </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 <b>YES</b>, 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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