

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 you return to National Grid with them. These Requirements for Non-Residential Service will be/are checked below. Our representatives are available to answer your questions concerning this Application.

Once completed and signed, please fax or email application form to the following:

**Fax:** 315-460-8964

**Email:** NYNon-Res@nationalgrid.com

## Requirements for Non-Residential Service

- A Completed Application for Non-Residential Service form, and
- a *lease* or a notarized letter from the landlord stating responsibility including the date of your responsibility *or a recorded deed* listing date filed and the county *or a letter from your lawyer* stating full details of the sale, date filed and the county, and
- a security deposit may be required.
- Proper identification is required — photo ID, valid driver's license, etc.
- A notarized power of attorney letter will be required if applicant is not an authorized representative of the applicant (Non-Corporation) or a notarized letter of authorization if applicant is not an authorized officer of the Corporation.
- Information concerning other gas accounts under the applicant's name (Corporation and Non-Corporation).

### For Corporations:

- Corporate papers – certificate of incorporation, corporate resolution, the filing date, county of filing and state seal, complete list of corporate officers, their titles, home addresses and corporate bank references, and
- utility bills (dated within the last two months) as proof of your address, if appropriate.

### For Non-Corporations:

- Bill of sale or proof of purchase of business/equipment, if applicable.
- Bulk transfer notice, if applicable.
- Business certificate filed with the City of New York.
- If an individual, you will be required to present one of the following as proof of your home mailing address:
  - postmarked envelope (dated within the last two months)
  - utility bills (dated with the last two months)
  - voter's registration card
  - driver's license

# I. GENERAL INFORMATION

(Please Complete in Pen Only)

## Applicant Information

Account Name: \_\_\_\_\_ Bus. Tel. No.: \_\_\_\_\_

Service Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above):

c/o Name: \_\_\_\_\_ Home. Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Principal Officers, Partners or Owners of Business:

Corporation     Partnership     Individual     Veterans' Organization     Other: \_\_\_\_\_

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

## Managing Agents – Trustees – Receiverships – Estates:

1. Managing Agents                      Name: \_\_\_\_\_

Owner's Contract – Date of Contract: \_\_\_\_\_ Signed by: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Trustee/Executor/Receiver                      Date Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Court Index No.: \_\_\_\_\_

Judge's Name: \_\_\_\_\_ County of: \_\_\_\_\_

Date Estate Established: \_\_\_\_\_

Lawyer's Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ 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"/> 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: \_\_\_\_\_