

Application for Non-Residential Service

2 Hanson Place, Brooklyn, New York 11217

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.

Customer Service: 718-643-4050

Fax: 315-460-8964

Email: NYNon-Res@nationalgrid.com

REQUIREMENTS FOR NON-RESIDENTIAL SERVICE

Please review what documentation is needed under the specified category

Personal Name:

- Lease or Deed (Assignments and/or Assumptions must be accompanied by Original Lease)
- Tax ID or Social Security Number
- Photo ID w/ Date of Birth

Corporations (Corp):

- Lease or Deed (Assignments and/or Assumptions must be accompanied by Original Lease)
- Certificate of Incorporation
- Filing Receipt
- Tax ID (SS4) or W9
- List of Corporate Officers and/or a letter from your accountant or attorney on letterhead listing the officers
- Photo ID w/ Date of Birth

Limited Liability Corporation (LLC):

- Lease or Deed (Assignments and/or Assumptions must be accompanied by Original Lease)
- Articles of Organization
- Filing Receipt
- Tax ID (SS4) or W9
- List of Members and/or a letter from your accountant or attorney on letterhead listing the members
- Operating Agreement
- Photo ID w/Date of Birth

3rd Party/Managing Agent:

- All of the above documents are still required along with a Notarized Letter, Power of Attorney or Contract between managing agent and applicant
- 3rd Party must provide a valid Photo ID w/Date of Birth

****All applicants will be required to pay a security deposit at the time of visit.**

Customer Office Locations:

Brownville

Customer Office
1535 Pitkin Ave
Brooklyn, NY 11212 .

Downtown

Customer Office
345 Jay St
Brooklyn, NY 11212

Jamaica

Customer Office
8961 162 St
Jamaica, NY 11432

Staten Island

Customer Office
2031 Forest Ave
Staten Island, NY 10303

I. GENERAL INFORMATION**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: _____

Name: _____ Title: _____

Home Address: _____ Tel. No.: _____

City: _____ State: _____ Zip: _____ Soc. Sec. No.: _____

Name: _____ Title: _____

Home Address: _____ Tel. No.: _____

City: _____ State: _____ Zip: _____ Soc. Sec. No.: _____

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 (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

- Is the same gas equipment being used as for the prior customer? ☐ Yes ☐ No
- Total BTU input of your gas equipment: _____
- Describe type of business (i.e., restaurant, laundromat, etc.): _____
- Is premises owned or operated by a religious institution where gas is used predominantly for religious purposes?
☐ Yes ☐ No
- 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

- 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.: _____
- 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.: _____

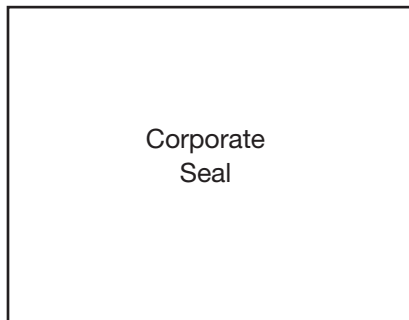
■ Business Certificate/Corporate Documents

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.



Corporate
Seal

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: _____