

Application and Contract for Non-residential Customers

This is your application for gas service.

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.

To start service or add a meter you must call 1-800-930-5003 to create a Customer ID Number. The Customer ID must match the Account Name shown in Part 1.

Be sure this application is signed in Part 5 before emailing to box.nonresicomservap@nationalgrid.com. 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 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 inquires you may have. Applicant is responsible for marking out any business owned underground facilities on the property that were not marked out by National Grid when notification was made to New York 811.

By Law, excavators and contractors working in New York City and Nassau and Suffolk Counties must contact New York 811 at least 2 full business days, not including the day of contact, prior to digging by calling **811** or by using the website <https://newyork-811.com/>

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



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PLEASE EMAIL FORM TO: BOX.NONRESICOMSERVAP@NATIONALGRID.COM

PART 1 - ACCOUNT INFORMATION

TYPE OF SERVICE YOU ARE APPLYING FOR: <input type="checkbox"/> GAS		TYPE OF SERVICE TO BUILDING NOW? <input type="checkbox"/> GAS <input type="checkbox"/> NONE		
ACCOUNT NAME:		EMAIL ADDRESS:		
CUSTOMER ID NUMBER: To start service or add a meter you must call 1-800-930-5003 to create a Customer ID Number. The Customer ID must match the account name shown in part 1.				
DOING BUSINESS AS: (if other than account name)				
SERVICE ADDRESS: (include street number)		SUITE NUMBER:	VILLAGE:	ZIP:
STARTING ON DATE:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT			
SERVICE NUMBERS BUSINESS:		HOME:	CONTACT:	
LANDLORD/AGENT NAME:	LANDLORD/AGENT ADDRESS:		PHONE NUMBER:	
IF YOU PREFER TO HAVE THE BILLS AS WELL AS ALL OTHER INFORMATION MAILED TO AN ADDRESS OTHER THE SERVICE ADDRESS, PLEASE PROVIDE YOUR MAILING ADDRESS HERE:				
MAILING ADDRESS (include number street)		VILLAGE:	STATE:	ZIP:
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 IS REQUIRED IF APPLICABLE	
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				
NAME:		POSITION/TITLE:		
ADDRESS:		PHONE NUMBER:		
NAME:		POSITION/TITLE:		
ADDRESS:		PHONE NUMBER:		
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. (CIRCLE ONE) CURRENT OR FORMER ACCOUNT INFORMATION.				
ACCOUNT NAME:		ACCOUNT ADDRESS:		
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 YOU 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: (include number street)		VILLAGE:	STATE:	ZIP:
PHONE NUMBER(S):		ACCOUNT NUMBER:		

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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.

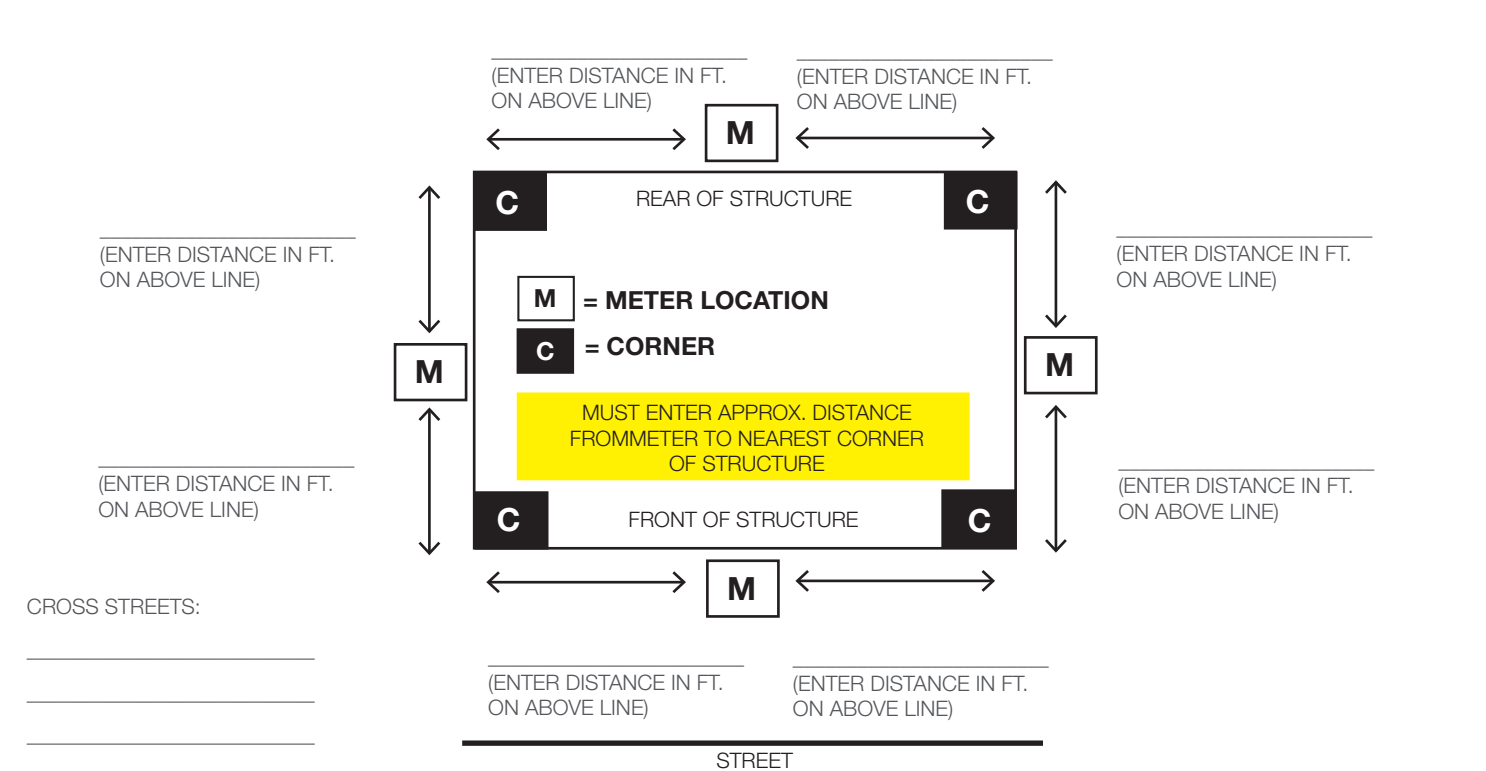
If served by multiple rate classifications at the same location, you will not be permitted switchable thermal requirements (gas) between the multiple classification.

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 excluded from receiving a refund for overcharges from the resulting incorrect billing.

TYPE OF BUSINESS:	SIZE OF YOUR PREMISES:	SQUARE FEET:
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?	
PREMISES USED FOR:		
<input type="checkbox"/> CHURCH	<input type="checkbox"/> FACTORY	<input type="checkbox"/> RESTAURANT/CATERING HALL
<input type="checkbox"/> SCHOOL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> NURSING/ADULT HOME
<input type="checkbox"/> THEATER	<input type="checkbox"/> DAY CARE CENTER	<input type="checkbox"/> WAREHOUSE
<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> MULTI FAMILY DWELLING
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> 5 OR MORE UNITS	
DOES THE PREMISES CONTAIN A COMMUNITY ROOM, CAFETERIA OR MEETING ROOM WHICH HOLDS MORE THAN 70 PEOPLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NORMAL OCCUPANCY: <input type="checkbox"/> 70 OR MORE <input type="checkbox"/> 70 OR LESS		
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 LOCATION?		
TRADE REFERENCE:	ADDRESS:	PHONE NUMBER:

FUTURE GAS SITE INFORMATION | NOTE: Private property markout required prior to scheduling for all new commercial gas services



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

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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 GAS REQUEST TO NATIONAL GRID:

MANDATORY: THE APPLICATION CERTIFIES THAT: (Please Check Either 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

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 Gas Tariff.

- I/WE CERTIFY THAT THE ABOVE NAMED CORPORATION/BUSINESS IS DULY ORGANIZED AND EXISTING UNDER THE LAWS OF _____
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.

AFFIX CORP. SEAL HERE
(OR CASH AND FILM NOS.)
OR CERTIFIED COPY OF BUSINESS
CERTIFICATE IF NOT A
CORPORATION

SIGNATURE OF OWNER, OFFICER
OR AUTHORIZED AGENT:

DATE:

PRINT LEGAL NAME AND TITLE:

PRINT PREFERRED NAME:

SIGNATURE OF UTILITY REPRESENTATIVE:

EMPLOYEE NO.:

PART 6 - PLEASE DO NOT WRITE IN THIS AREA - FOR OFFICE USE ONLY

ACCOUNT NUMBER:

CATEGORY CODE:

GAS RATE CODE:

DEPOSIT AMOUNT:

RECEIPT NUMBER:

DATE PAID:

IN ORDER TO PROCESS YOUR REQUEST FOR GAS SERVICE, THE FOLLOWING INFORMATION IS REQUIRED.

PROJECT ADDRESS:	CITY:	STATE:	ZIP:
PROJECT CONTACT NAME:		PHONE NUMBER:	
EMAIL:			

EXISTING GAS EQUIPMENT REMAINING ON PREMISES

PLEASE ENTER THE TYPE OF EQUIPMENT (E.G. "HEAT", "WH", "COOKING", ETC.), AFUE RATING, THE QUANTITY OF UNITS, MODEL NUMBER, EQUIPMENT GAS PRESSURE AND BTU'S PER UNIT AND TOTAL BTU'S OF GAS LOAD.

TYPE	MODEL	EQUIPMENT PRESSURE		QTY.	BTU INPUT RATING PER UNIT	BTU INPUT RATING TOTAL
		MIN.	MAX.			

EXISTING NATIONAL GRID GAS ACCOUNT NUMBER _____ TOTAL EXISTING BTU INPUT _____

NEW GAS EQUIPMENT TO BE INSTALLED ON PREMISES

TYPE	AFUE	MODEL	EQUIPMENT PRESSURE		QTY.	BTU INPUT RATING PER UNIT	BTU INPUT RATING TOTAL
			MIN.	MAX.			

TOTAL NEW BTU INPUT _____

TOTAL EXISTING AND NEW BTU INPUT _____

PLEASE CHECK: RES. 1 TO 5 FAMILY MULTIFAMILY 6+ COMMERCIAL NEW CONSTRUCTION EXISTING STRUCTURE

OTHER ENERGY EFFICIENCY ON THIS PROJECT: PIPE INSULATION BUILDING CONTROLS ROOF / WALL INSULATION

OTHER _____

WOULD YOU LIKE INFORMATION ABOUT OUR ENERGY EFFICIENCY PROGRAMS? YES NO

CUSTOMER / ACCOUNT NAME:

MAILING ADDRESS:

PHONE NUMBER:

EMAIL:

PLUMBER COMPANY NAME:

MAILING ADDRESS:

PHONE NUMBER:

EMAIL:

EXPECTED DATE GAS NEEDED BY:

RETURN FORM TO: