



NEW CUSTOMER APPLICATION FOR SC 9 FIRM TRANSPORTATION SERVICE

Welcome! This is your application to the Consolidated Edison Company of New York Inc. ("Con Edison" or "the Company") for Firm Transportation Service under Service Classification ("SC") No. 9 of our Schedule for Gas Service.

A. NEW ACCOUNT INFORMATION

List the name(s) of the person(s) and/or business who owns or leases the premises where service will be used and who will be responsible for this new account.

Name: _____

Address where you want to receive gas service:

Street: _____ Room/Floor/Office: _____

Village/Town/City: _____

State: _____ Zip + 4: _____

Mailing Address where we should send Bills, if different from above:

Street: _____ Room/Floor/Office: _____

Village/Town/City: _____

State: _____ Zip + 4: _____

Tel. No. for the account: _____ Fax No.: _____

Access to the Gas Meter: *If access to your meter is controlled by another person, enter the name and address below of the person who can provide access.*

Name: _____

Street: _____ Room/Floor/Office: _____

Village/Town/City: _____

State: _____ Zip + 4: _____

Tel. No. for the account: _____ Fax No.: _____

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B. GAS SERVICE USE

1. Estimated Annual Requirements _____ Therms

2. To determine if the premises will be used exclusively for non-residential purposes, answer the following :

(a) Do you or any of your employees plan to live at the premises? Yes No

(b) If **YES**, do you plan to use service primarily for residential purposes? Yes No

3. Which best describes your premises or business? (*Check only one*)

Residential use in a single family dwelling

Multiple Dwelling (2 or 3 apartments)

Apartment House (4 or more apartments)

Store, Restaurant, Commercial Office

Factory

Hotel:

Residential

Transient

Single Room Occupancy

Prison

Other _____

Single apartment in a multi-dwelling complex

Religious use, such as a house of worship, living quarters for clergy, rectory or parochial school

Natural Gas Compression Facility

Electricity generator

Shelter

Nursing Home

Hospital

Community Residence

Veteran's Post

4. Check all the uses of gas which apply to this account:

Hot water heating

Processing

Cooking

Space Heating

Electricity generator

Air Conditioning

Other _____

5. Have you made, or do you plan to make, gas piping changes to this location?

Yes No

6. Buildings of Public Assembly: Will you operate a building with a capacity of 75 or more persons to which the public is generally admitted? (*e.g. church, temple, theater, restaurant, etc.*)

Yes No

7. Will you operate a factory which normally employs 75 or more persons?

Yes No

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C. EQUIPMENT INFORMATION

Specify number of boilers at your premises: _____

Alternate energy source (if any): No. 2 oil No. 4 oil No. 6 oil
 Electric Other _____

If the alternate energy source is fuel oil, answer the following question:

Annual Gallons of Fuel Oil Used in the most recent 12 month period was _____ gallons.

D. SELLER INFORMATION

Please provide below the name of your Natural Gas Supplier ("Seller").

Seller Name: _____

If during the term of this agreement you change your seller, the Company must be notified at least 30 days in advance, in writing.

E. INFORMATION ABOUT OTHER EXISTING OR PRIOR CON EDISON ACCOUNTS

- I do not now, nor did I previously, have a Con Edison account.
- I currently have a Con Edison account (Give details below).
- I previously had an account with Con Edison which is now closed (Give details below).

Name: _____

Street: _____ Room/Floor/Office: _____

Village/Town/City: _____

State: _____ Zip + 4: _____

Tel. No.: _____ Fax No.: _____

Account No.: ____ - ____ - ____ - ____
(Your account number appears on your Con Edison Bill)

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F. PLEASE INDICATE WHICH OF THE FOLLOWING BALANCING OPTIONS YOU ARE CHOOSING IF YOUR SELLER IS NOT MAKING THE CHOICE ON YOUR BEHALF:

- Monthly Load Following Daily Cashout Capacity Balancing
 Daily Delivery (Prior Day Notification) Daily Delivery (Same Day Notification)

G. TAX INFORMATION - to be completed by non-residential applicants

1. Sales Tax Status: What is the sales tax status of your business or premises?

- Taxable Non-taxable Partially Tax Exempt

IF you claim a tax exemption, please provide appropriate exemption certification.

- ST 119.1 ST 121 TP385

2. Identification Number: Enter Tax Identification #, or if you do not have a Tax ID#, your

Social Security #: _____

3. Bank Reference: Name and Address of Bank:

Account in name of: _____

H. ADDITIONAL INFORMATION

The term of this agreement is for one year from the date of commencement of service with automatic renewal for successive annual terms thereafter, in accordance with Con Edison's Schedule for Gas Service.

If the Customer foresees a significant change in the quantity or schedule of gas use over the term of service as compared with the preceding twelve month period, the Customer should notify Con Edison in writing or contact the Company Representative at the phone number listed on your monthly bill.

Customer warrants that, at the time gas is delivered to Con Edison for transportation, the Customer will have good and merchantable title to all such gas free and clear of all liens, encumbrances and claims whatsoever. The Customer shall indemnify Con Edison and save it harmless from all suits, actions, debts, accounts, damages, costs, losses and expenses arising out of the adverse claims of any or all persons to said gas including claims for any royalties, taxes, license fees or charges applicable to such gas or to the delivery of such gas to Con Edison for transportation.

This application and the furnishing of, and payment for, gas service hereunder are subject in all respects to the provisions of the Company's Schedule for Gas Service, now on file with the Public Service Commission, and its Operating Procedures and any amendments thereof, and to the rules, regulations, terms and conditions therein set forth, applicable to the particular service to be supplied hereunder.

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I. SIGNATURE

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Full Name of Customer: _____

Signature of Customer or Authorized Representative or Agent: _____

Mailing Address: _____

Date: _____

(FOR COMPANY USE ONLY)

Received By: _____ Date: _____

Approved By: _____ Date: _____

Service Commencement Date: _____

CSC NO.: _____

Human Needs Customer: Yes No