

Commercial Application for Gas Service

Ref# _____ Date _____

Business

Business Name _____ Phone _____
D/B/A (if applicable) _____
Service Address _____ Own Lease
Mailing Address _____ Zip+4 _____
Other Columbia Gas Account Numbers _____ E-mail Address _____

Business Type

Individually Owned Property Management Company
 Corporation, State of Inc. _____ Federal Tax I.D. _____
 National Account Non Profit Municipality Realty Trust
 Partnership LLC
Nature of Business _____ How Long in Business _____

Identification of Principals

1 Name _____ SS# _____
Title _____
Address _____
Town/City _____ State _____ Zip+4 _____
Phone _____ e-mail _____

2 Name _____ SS# _____
Title _____
Address _____
Town/City _____ State _____ Zip+4 _____
Phone _____ e-mail _____

Property Owner Information

Owner's Name _____ Owner's Property _____
Owner's Address _____ Emergency Phone _____

The applicant whose signature appears below applies for gas to be supplied at the address herein, to pay for said service as bills are rendered. The applicant also agrees that credit may be checked, and to pay reasonable attorney fees, collection costs, and interest in the event of collection action. Customers that supply email addresses may receive periodic messages from Columbia Gas of Massachusetts.

➤ Signature _____ Date _____
Print Name _____ Title _____

Required Deposit Amount \$ _____ Deposit Account Number _____
Customer Account Number _____