

# 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 BSG 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_

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



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