



NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE

Welcome! This is your application to Consolidated Edison Company of New York Inc. (“Con Edison” or “the Company”) for Interruptible or Off-Peak Firm Transportation and Sales Service under Service Classification Nos. 9 (transportation) and 12 (sales) of our Schedule for Gas Service.

Note: This application should be accompanied by “**AGENCY AGREEMENT**,” Form EM-G-0001

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.: _____ Fax No.: _____



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B. OPERATIONS INFORMATION

List the name, address and telephone number of the person whom Con Edison should contact in the event of a service curtailment:

Name of Operations Manager or Authorized Representative _____

Address: _____

Telephone Numbers:

During Business Hours (Mon-Fri 8:00 AM to 4:00 PM): _____ Fax No.: _____

All other hours (including nights, weekends and holidays): _____ Fax No.: _____

C. GAS SERVICE USAGE INFORMATION

1. Estimated Annual Requirements _____ Therms
2. To determine if the premises will be used exclusively for non-residential purposes, answer the following question(s):
 - (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)

<input type="checkbox"/> Apartment House (4 or more apartments)	<input type="checkbox"/> Religious use, such as a house of worship, living quarters for clergy, rectory or parochial school
<input type="checkbox"/> Store, Restaurant, Commercial Office	
<input type="checkbox"/> Natural gas compression facility	<input type="checkbox"/> Post or Hall operated by a Veteran's organization
<input type="checkbox"/> Other _____	
4. Check all the uses of gas which apply to this account:

<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Processing	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Space Heating	<input type="checkbox"/> Electricity generator	<input type="checkbox"/> Other (Specify) _____
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, theatre, restaurant, etc.)
 Yes No
7. Will you operate a factory which normally employs 75 or more persons?
 Yes No



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D. TERM OF SERVICE (To be completed by Off-Peak Firm Customers only)

It is important that you make the next selection carefully because the initial term of service you elect will determine the rates you are charged.

Primary Term of Service:

- One Year (Minimum) Two Years
 Three Years Other (Specify) _____

E. TRANSPORTATION INFORMATION

1. Please provide below the name of your natural gas supplier (“Seller”) and Agent who will perform your nominating and scheduling responsibilities with pipelines. Your Seller and Agent may be the same party. You must also complete the Agency Agreement (Form EM-G-0001).

Seller Name: _____

Agent Name: _____

2. Annual Transportation Quantity: What is the annual quantity of gas, including an allowance for losses, for which transportation service is being requested?

The undersigned applicant agrees that the Company may retain a portion of annual and daily transportation quantities as an allowance for losses incurred in the process of transportation and delivery.

(To determine the amount of gas you must purchase, multiply your estimated annual gas requirements from Part C.1 above by 1.0197.)

_____ Therms

3. Balancing Option Selection (Required for an Interruptible or Off-Peak Firm Customer who does not have a Seller under SC 20 of Con Edison’s Schedule for gas Service.)

Indicate below by an “X” the type of Balancing Service you elect.

- Daily Balancing Monthly Balancing Group Balancing

F. 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 questions:

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

Do you have an Oil Tank located at your premises? Yes No.

What is the Capacity of Oil Tank located on your premises? _____ gallons



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G. 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: _____

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

H. 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 No., or if you do not have a Tax ID No., your Social

Tax ID No. _____ - _____ - _____ OR Security No. _____ - _____ - _____

3. Bank Reference: Name and Address of Bank: _____

Account in name of: _____



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I. SIGNATURE

Application is hereby made to CONSOLIDATED EDISON COMPANY OF NEW YORK, INC., for interruptible or off-peak firm transportation and/or sales service at the premises and for the equipment hereinabove described. The applicant must maintain operable dual-fuel facilities capable of supplying the entire requirements of the equipment (except for air conditioning equipment) with gas or an alternate fuel, or utilize electricity or another energy source to supply the energy requirements of the premises otherwise supplied directly or indirectly by gas.

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.

Seller or its Agent warrants that it will, at the time it delivers gas to the Company for transportation, have good and merchantable title to all such gas free and clear of all liens, encumbrances and claims whatsoever. The Seller shall indemnify the Company 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 the Company for transportation.

Prior to the commencement of transportation service, the Company may require the Customer to provide a copy of executed agreements between the Customer or its agent (if applicable) and a natural gas pipeline company for the transportation of Customer's gas to the Company's facilities, acceptable in form and substance to the Company.

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: _____

