EPCOR Natural Gas LP Commercial Service Application

COMPANY INFORMATION

LEGAL ENTITY NAME									
TRADE NAME (IF DIFFERENT)	EMAIL ADDRESS								
SERVICE ADDRESS	BILLING ADDRESS								
CITY/TOWN	PROVINCE	POSTAL CODE	CITY/TOWN		PROVINCE	POSTAL CODE			
PHONE NUMBER	LEGNTH OF TIME IN BUSINESS								
FAX NUMBER			WEBSITE						
BUSINESS OWNER / SIGNING AUTHORITY / COMPANY PRINCIPALS / PARTNERS / PROPRIETORS									
NAME		ÀME		NAME					
ITLE TITLE				TITLE					
PHONE PHONE			PHONE						
CONTROLLER / ACCOUNTS PAYABLE SUPERVISOR PHONE									
FINANCIAL INFORMATION									
BANK NAME			BRANCH ADDRESS						
PHONE NUMBER			FAX NUMBER						
ARE YOUR COMPANY'S FINANCIAL STATEMENTS AVAILABLE:									
REFERENCES OF CURRENT S	UPPLIERS (MININ	MUM 3 TRADES							
COMPANY			ADDRESS						
HONE NUMBER FAX NUMBER		EMAIL ADDRESS							
COMPANY	ADDRESS								
PHONE NUMBER FAX NUMBER			EMAIL ADDRESS						
	FAA	NUMBER			(235				
COMPANY	ADDRESS								
PHONE NUMBER	FAX	NUMBER	1	EMAIL ADDF	RESS				
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The undersigned hereby directly and unconditionally guarantees and covenants with EPCOR Natural Gas LP that the applicant/customer will duly perform, observe and keep every convenant, provisio, condition, and agreement in this application including payment for all gas delivered and work performed and that if any default shall be made by the applicant, whether in payment of gas delivered or other sums from time to time falling dueand payable, the udersigned guarantor will forthwith pay to EPCOR Natural Gas LP in demand the said sums in respect of which such default shall have occurred and all damages that may arise from non-performance.

The applicant/customer hereby acknowledges that the information provided is true and accurate and authorizes EPCOR Natural Gas LP to obtain credit information.

NAME				TITLE	
SIGNATURE				DATE	
FOR OFFICE USE ONLY:	RESIDENTIAL	COMMERCIAL	INDUSTRIA	L SEASONAL	