



## COMMERCIAL AGREEMENT FOR NATURAL GAS SERVICE

Date: \_\_\_\_\_ Business/ Entity Name: \_\_\_\_\_

This acknowledges my request for Natural Gas Service for \_\_\_\_\_,

Street Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Town

County

State

Zip

I understand that I will be allowed a service line at no charge **IF**

1. The gas load cost justifies the length of service. If it does not I will be pre-informed of the cost and can revoke the agreement at that time.
2. I begin taking gas within 3 months of the date Frontier Natural Gas installs the service line **and**
3. Natural gas is made available to the above noted address.

Additional Requirements:

1. Must have been in business for 5 or more years
2. Must pass credit check with a score of at least 650
3. Must use Natural Gas for at least 5 years and not use any alternate fuels on all listed equipment on the application.

If it becomes necessary for Frontier to bill me for the service line because I failed to start using gas within 3 months, the charges will include all cost incurred for installation. The billable footage will include all the service line installed beginning at the main distribution pipeline and continuing up to the riser / meter. I further understand that any payment made as a result of not using gas within 3 months of availability will remain the property of Frontier Natural Gas until I begin using gas. Funds collected will not accrue interest. If I do not begin gas service within 36 months of availability, I understand that I will not recover any payments that I have made.

Be advised that piping downstream of the meter/regulator is owned, operated and maintained by the customer. Please read and sign the attached "Non Maintenance of Customers' Piping" Notice.

Authorized By:(Print) \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ SSN or FED ID: \_\_\_\_\_

Owner  Manager  Contractor  Renter Other \_\_\_\_\_

*(if the applicant is **NOT** the land owner, the land owner must agree and sign below)*

I hereby authorize and grant Frontier Natural Gas right of way to serve natural gas to my property at the address below.

Owner: (Print) \_\_\_\_\_ Owner Signature: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street

Town / City

State

Zip

Owner's Address: \_\_\_\_\_

Contact Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

***The foregoing terms accepted by Frontier Natural Gas, LLC***

Sales Representative: \_\_\_\_\_

Marketing Manager: \_\_\_\_\_



## APPLICATION FOR COMMERCIAL GAS SERVICE

**Premise Information**
**Customer update only**

Location/Address				Prem already served      Prem I.D. _____	
City				SIC: _____      Acct No. _____	
County	State	Zip	Existing <input type="checkbox"/> New Const.      Tariff Rate: _____		
Cross Street			Tract/Parcel _____ Lot(s) _____		
Project No.			Commercial      Food Service      Industrial		
No. Buildings: _____ Stories: _____ Sq. Ft. _____					

**CUSTOMER INFORMATION**

Customer Name		Phone (w/area code)	Billing Name (if different)		Phone (w/area code)
Tax I.D.		Parent Company (If applicable):			
Mailing Address (Include apt or unit no. Not P.O. box)			City:		State
Person to be Contacted & Title:			Phone (w/area code)	Fax (w/area code)	Deposit Collected
Pager No. (with area code)	Cellular No. (with area code)	Email Address		Remarks	

**CONTACT FOR PREMISE (If New Construction)**

Name		Title	Relationship to Cust.		
Address		City	State	Zip	Phone (w/area code)

**DATE FOR GAS FACILITY INSTALLATION**

Premise/Site is ready now	Est. Gas Construction start Date: ____/____/____	Est. final build-out Date: ____/____/____
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**GAS LOAD INFORMATION (Gas appliances & equipment being installed and associated load)**

The following is REQUIRED to process your application

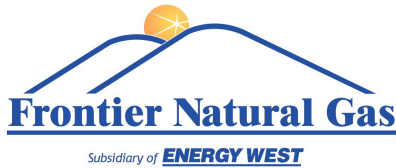
Please list all equipment (New & Existing)	NEW	EXISTING	Equipment Type	QUANTITY	Equipment Input per Unit (MBTU/hr.)	Operating Schedule			Type of Alternate Fuel (If applicable)	Equipment Function
						(Hrs/day)	(Days/wk)	(Mos./yr)		
Example:	X		Boiler	1	2,500	18	7	12	Propane	Space Heating
Item 1										
Item 2										
Item 3										
Item 4										
Item 5										
Item 6										
Item 7										

**CUST SER MGR REVIEW:** \_\_\_\_\_ **CREDIT SUPPORT REQ'D:** YES NO **AMOUNT:** \$ \_\_\_\_\_

**MARKETING CONTACT NEEDED** YES NO **TO BE COMPLETED BY OPERATIONS ONLY:**

Type of Installation to serve this request: <small>(Check all that apply)</small>	Exist OK	Main	Service	MSA	Stub(s)
Method of Installation:	Joint Trench	Gas-Only Trench	Req Del Press:	8" W.C.	5 Pounds <input type="checkbox"/> Other: _____
Gas Installation Start Date:	____/____/____	Ready-to-serve date:	____/____/____	Contract mailed date:	____/____/____





## Disclaimer

The reports obtained by Frontier Natural Gas LLC are for its exclusive use for the purpose of evaluating the credit worthiness of the authorizing individual. Information is obtained from a multitude of database, record keeping systems, and other sources over which Frontier Natural Gas, LLC has no control. Frontier Natural Gas , LLC does not warrant the accuracy of the information received.

Frontier Natural Gas, LLC certifies that it understands the Fair Credit Reporting Act which provides that anyone “ who knowing obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned not more than a year, or both”.

## NON-MAINTENANCE OF CUSTOMERS' PIPING NOTICE

Per 49 CFR, 192.16 Frontier Natural Gas is required to notify you that Frontier Natural Gas owns and maintains only the gas piping that delivers gas to the gas meter. Piping downstream of our meter, including buried yard line and the piping in the walls of buildings, is owned, operated and maintained by the customer, not Frontier Natural Gas.

Customers' piping that is not installed, operated and maintained properly can be a source of hazard due to corrosion and leakage. Customers should retain the services of a licensed plumber or heating contractor to periodically check their piping system to be sure it is gas-tight and free of corrosion. This is especially true for buried metallic piping, which can corrode quickly if exposed to the soil.

Corrosion, leakage or other unsafe conditions should be repaired promptly by a qualified professional.

If you are unsure of the safety of your gas piping, contact a licensed plumber or heating contractor, or call Frontier Natural Gas at 336-526-2690 for assistance. For your convenience, you may also call Frontier Natural Gas' toll free number: 800-537-2545.

Buried gas lines can also be damaged by excavating, including shallow excavating done by hand. Persons planning to excavate should contact North Carolina One-Call at 1-800-632-4949 a minimum of 48 hours prior to beginning the excavation(s). One-Call notifies companies having buried lines in the vicinity to locate their lines for you at no charge. It is your responsibility to carefully expose and protect buried lines in the area of your excavation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **RATE SCHEDULE 121**

### **POULTRY GROWOUT FIRM SERVICE**

#### **APPLICABILITY**

This rate schedule is available to customers who are primarily engaged in the commercial growout of poultry, whose annual natural gas use exceeds 2000 therms. Separate meters, separate accounts, and separate locations may not be combined for billing under this Schedule.

#### **RATE**

The applicable monthly facilities charge and the energy charge for this Schedule are set forth in the currently effective Rate Schedule 100 of this tariff, which is incorporated by reference.

The minimum monthly bill is the amount of the facilities charge. The facilities charge shall not be prorated for changes of service during a billing cycle.

#### **PAYMENT OF BILLS**

Bills are due and payable upon receipt and become past due 90 days after the billing date. A late payment charge of 1% per month will be added to all customers' balances of \$10 or more not paid within 105 days after the billing date.

A charge will be made for checks returned by the Customer's bank for insufficient funds. Reconnection charges will be made to restore service: (a) which was discontinued and reconnected at the request of the Customer at the same premises within the past year; or (b) which was discontinued for nonpayment of bills. These charges are set forth in the Company's approved Rules & Regulations.

#### **RIGHT OF WAY**

The customer shall at all times furnish Frontier a satisfactory and lawful right-of-way, at no cost to Frontier, through the customer's premises for Frontier equipment necessary or incidental to the furnishing of service. The customer shall also furnish satisfactory protection for Frontier equipment installed on the premises.

Frontier's obligation to supply service is dependent upon its' securing and retaining all necessary rights-of-way for delivery of such service. Frontier shall not be liable to the Customer for any failure to deliver service because of Frontier's inability to secure or retain such right-of-way.

A request for service and the customer's acceptance of such service from Frontier Natural Gas shall be deemed to be a granting to Frontier of an implied right-of-way over the premises.



Frontier's marketing representative, \_\_\_\_\_, has explained the process by which I may become a natural gas customer. I have signed all of the following documents:

- Service Agreement
- Authorization to Release Credit Information
- Non-Maintenance of Customer Piping

I have been given a copy of the following documents for my records.

- 121 Rate Schedule
- Current Rate & Charges Schedule
- Steps Required Prior to Meter Set and Turn On

I further understand that my rate classification, 121, is based on the information I submitted.

I have been informed that the current rate is subject to change.

I have been provided with copies of all signed documents.

I authorize to give my mailing address, phone number, email address information to the list of our preferred contractors for the sole purpose of contacting customer to give a cost of conversion / Installations. Customer can use anyone that is licensed and certified that is not on the list if they choose.

\_\_\_ I authorize Frontier Natural Gas to send my information to contractors

\_\_\_ I wish to contact my own contractor (Don't release my information)

To: Frontier Natural Gas  
1927 N Bridge St  
Elkin, NC 28621

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**