

RESIDENTIAL AGREEMENT FOR NATURAL GAS SERVICE

Date: _____ Applicant: (Print) _____

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 (60) sixty days of the date Frontier Natural Gas installs and completes the service line
3. Natural gas is made available to the above noted address.

If it becomes necessary for Frontier to bill me for the service line because I failed to start using gas within (60) sixty days, the charges will include all cost incurred for installation, including administration fees and any legal fees incurred. The billable footage will include all the service line installed beginning at the main distribution pipeline, and continuing up to the riser/meter and could include footage for main installed if applicable. I further understand that any payment made as a result of not using gas within (60) sixty days of availability will remain the property of Frontier Natural Gas until I begin using gas. Funds collected will not accrue interest. If gas service does not begin within (18) eighteen months of availability, I understand that I will not recover any payments that I have made.

Be advised that piping downstream of the meter 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: _____

Phone: () _____ - _____ SSN or FED ID: _____

Owner Manager Contractor Renter Other _____

(if the applicant is NOT the owner, the 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

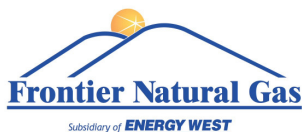
Owner's Address: _____

Contact Phone Number: () _____ - _____

The foregoing terms accepted by Frontier Natural Gas, LLC

Sales Representative: _____

Marketing Manager: _____



APPLICATION FOR RESIDENTIAL GAS SERVICE

PREMISE INFORMATION

Customer update only

Location/Address				Prem already served _____		Prem I.D. _____		
				SIC: _____		Acct No. _____		
City	County	State	Zip	Existing <input type="checkbox"/> New Const. <input type="checkbox"/>		Tariff Rate: _____		
				Tract/Parcel _____		Lot(s) _____		
Cross Street			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. _____		Email Address _____					
Mailing Address (Include apt or unit no. P.O. box) _____				City: _____		State _____	Zip Code _____
Parent or nearest relative not living in same household _____			Phone (w/area code) _____		Cellular No. _____		Deposit Collected _____
Address _____				Email Address _____			

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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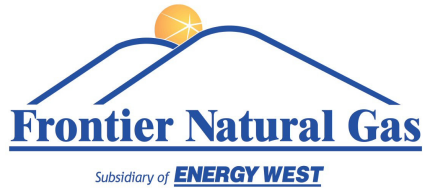
Number of Dwelling units: _____ Notes: _____

GAS LOAD INFORMATION	Dwelling Units		Central Facility			Community Facility		svc
	Quantity	MBTU	Quantity	# Units served	MBTU	Quantity	MBTU	
Gas Appliances								
Free Standing Range (Cook top & Oven)								
Cook top only								
Oven only								
Water Heater								
Space Heater								
Central Furnace								
Clothes Dryer Stub								
Fireplace Stub								
Patio Stub								
Spa/Pool Heater								
Other Gas Appliance (Describe):								

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

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

Type of Installation to serve this request:	Exist OK _____	Main _____	Service _____	MSA _____	Stub(s) _____
Method of Installation:	Joint Trench _____	Gas-Only Trench _____	Req Del Press: 8" W.C. _____	2 Pounds _____	Other: _____
Gas Installation Start Date: ____/____/____	Ready-to-serve date: ____/____/____	Contract mailed date: ____/____/____			



AUTHORIZATION TO RELEASE CREDIT INFORMATION

NAME: _____		DATE: _____	
Street Address	City/ Town	State	Zip
Social Security or Federal ID Number _____			

Please be advised that I wish to open a credit account with Frontier Natural Gas, LLC. I hereby authorize that a credit history report be released to Frontier Natural Gas by any applicable credit agency that Frontier may choose. I may wish not to open a credit account but I still authorize my credit history report be released to Frontier Natural Gas, LLC. I understand that a deposit may be required if my credit score is under 600.

Signature

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.

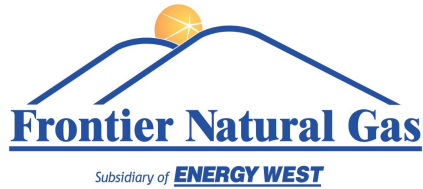
Customers' piping that is not installed, operated and maintained properly can be a source of hazard due to corrosion and leakage. Customers should retain the services of a licensed plumber or heating contractor to periodically check their piping system to be sure it is gas-tight and free of corrosion. 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 101
RESIDENTIAL FIRM SERVICE**

APPLICABILITY

This rate schedule is available to Residential Customers in residences, condominiums, mobile homes or individually metered apartments where natural gas is used for domestic purposes. Separate meters, separate accounts, and separate locations may not be combined for billing under this Schedule.

RATE

The applicable monthly facilities charge and the Natural Gas charge for this Schedule are set forth in the currently effective Rate Schedule 101 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 25 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 25 days after the billing date.

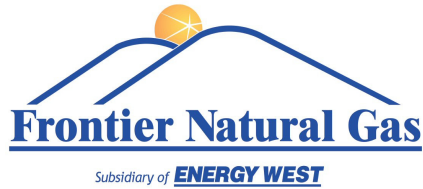
A charge will be made for checks returned by the Customer's bank for insufficient funds. Reconnection charges will be made to restore service: (a) which was discontinued and reconnected at the request of the Customer at the same premises within the past year; or (b) which was discontinued for nonpayment 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. Right of way shall be inclusive of service line, main line, including any necessary farm tap or regulation needed to obtain gas service on or through stated property.

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.

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

I further understand that my rate classification, 101, 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/installation. 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