



CONNECTICUT NATURAL GAS CORPORATION 100 Columbus Boulevard
 P. O. Box 1500 Hartford, CT 06144-1500 Tel. (860) 727-3247 Fax (860) 727-3148

Date:	_____
To:	_____
Co./Dept	_____
Fax#	_____

Commercial & Landlord Credit Application

Business Name: _____ Year Established: _____
 Service Address: _____ Mailing Address: _____
 Tel.No. () _____ State ID: _____ Fed ID: _____

Type of Business: _____ State of Incorporation: _____

Select one: Sole Proprietor: _____ Partnership: _____ Subsidiary of: _____
 Corporation: _____ Franchise: _____ Other: _____

List the business owners/principals (full legal name)

Principal	Address	% Owner	How Long?	Tel.No.
1. _____	_____	_____	_____	() _____
2. _____	_____	_____	_____	() _____
3. _____	_____	_____	_____	() _____

Contact person concerning payment: _____ () _____

Select item that best describes your business: Existing Business: _____
 New Business: _____ New Ownership of Existing Business: _____

List Bank References and Bank Accounts:

Bank Name	Branch	Account #
Bank Name	Branch	Account#
Bank Name	Branch	Account#

Has your business filed bankruptcy, been refused credit by any lending institution, had any judgments against it, or is it now a defendant in any legal action?
 No _____ Yes _____ (if yes, please explain) _____

The applicant certifies that the information provided herein has been carefully read and is true, correct and complete. Connecticut Natural Gas Corporation is authorized to verify the information disclosed and to perform a credit investigation. *Please be advised that a security deposit may be required.*

The applicant also agrees to receive and pay for such service in accordance with the applicable rate schedule and further agrees to pay for all charges and costs, including reasonable attorney's fees, incurred in collecting sums due to the Company for the service rendered. Any deposit made in connection with this application is subject to revision at any time if usage is greater than that estimated by the applicant or the Company. _____ *I have read the above statement.*
 (please check)

For wire transfers/Automatic Clearing House payments:	Destination Bank:	Fleet Bank, N.A.
Wires ABA	Destination City:	Hartford, CT
ACH ABA	ABA Number:	011500010
	Beneficiary Name:	Connecticut Natural Gas Corporation
	Beneficiary Account:	000-1538

CREDIT DEPARTMENT REVIEW: Approved _____ Denied _____ More information needed _____
 Need personal guarantor _____ Security deposit required: Yes _____ No _____ Amount \$ _____

"THANK YOU FOR CHOOSING CNG AS YOUR PARTNER IN ENERGY"