



OPERATOR CREDIT APPLICATION
 OFF-SYSTEM SALES CREDIT APPLICATION
CONNECTICUT NATURAL GAS CORPORATION

	Date:	Rec by:
Name of Business		
Address		
Billing/Mailing Address:		
Contact Person:		
Telephone #:	Fax #:	
If a subsidiary, list parent company name & headquarters address		
Name:		
Address:		
Type of Business:		
_____ Corporation	Date & State of Incorporation _____	
_____ Limited Liability Co.	_____ Partnership	
_____ Sole Proprietorship	_____ Limited Partnership	
_____ School or School District	_____ Municipal Entity	
_____ Church or Religious Institution	_____ Municipal Agency	
_____ Not-for-Profit Organization	_____ Municipality	

OFFICERS / PRINCIPALS OF BUSINESS APPLICANT

Name:	Title:
Home Address:	
Name:	Title:
Home Address:	
Name:	Title:
Home Address:	

ADDITIONAL APPLICANT INFORMATION:

1. Does your company currently purchase gas or transportation services from Connecticut Natural Gas Corporation _____ yes _____no 2. If "yes" please enter your CNG account number from a recent bill: _____ 3. Have you acted as a pool agent for any transportation gas pool on Connecticut Natural Gas Corporation's system any time in the last twelve(12) months? _____yes _____ no 4. When do you wish to initiate services as an Operator? _____, 200__

BANK REFERENCES:

Bank:	Phone #:
Address & Branch:	
Bank:	Phone #:
Address & Branch:	

ADDITIONAL CREDIT/TRADE REFERENCES:

Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

The undersigned hereby authorizes Connecticut Natural Gas Corporation to make whatever credit inquiries it deems necessary in order to process this credit application; regarding any credit review or the collection of any debts accrued as a result of any credit extended as a result of their reliance on the information provided on or obtained from credit references given on this application. In addition, the undersigned hereby authorizes and instructs any person or credit reporting agency to compile and furnish Connecticut Natural Gas Corporation any information it may have or find necessary to obtain in response to requested credit inquiries. The undersigned further asserts that they have the authority to grant the permission to relinquish the requested information.

Signature Title Date

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