

10/2009

## North Alabama Gas District

P O Drawer 2590  
Muscle Shoals, Al 35662  
256-383-3306 Fax 256-386-0627

P O Box 1428  
Madison, Al 35758  
256-772-0227 Fax 256-772-8098  
www.nagd.com

## Application for Business Service

Service Location: \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Name of Manager: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact for Billing: \_\_\_\_\_ Phone: \_\_\_\_\_

Date to start service: \_\_\_\_\_

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I agree to pay for all material and labor for the installation of the service line at the above address if no gas is used within 60 days (or by the next cold weather season using heat only) after the natural gas meter is set. I affirm that the above information is correct.

Signature of Applicant \_\_\_\_\_

\*\*\*\*\* SIGNER IS RESPONSIBLE FOR ALL CHARGES INCURRED \*\*\*\*\*

### \*\*\*\*Office Use Only\*\*\*\*

Date: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Deposit #: \_\_\_\_\_

Appliances: Heating Unit \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Range \_\_\_\_\_  
Dryer \_\_\_\_\_  
Grill \_\_\_\_\_  
Dual Fuel Central Unit \_\_\_\_\_  
Other \_\_\_\_\_

PLEASE NOTIFY YOUR GAS COMPANY WHEN ADDING NEW APPLIANCES

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**This form must be notarized if paperwork is completed outside of North Alabama Gas District's Office.**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the above named individual and made oath that the statements made are true.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_