



Application For Service - Non-Residential

Application Date: _____

Requested Turn On Date: _____

Instructions

Complete and return the application using one of the methods outlined below.

Fax Application to: 1-704-810-3118

Mail Application to: Commercial Group, PSNC Energy, PO Box 1398, Gastonia, NC 28053

Email Application to: PSNCCommercialGroup@SCANA.com

Mail Deposit to: PSNC Energy, P.O. Box 100256, Columbia, SC 29202-3256

Questions? Call the Small Commercial Group at: 1-800-545-4427

General Business Information

Billed to (Account Name): _____

Business or Corporation Name: _____
(if different than the Account Name)

DBA: _____
(if different than the Account Name)

Type of Legal Entity: Sole Proprietorship DBA LLC LLP Inc. Partnership

Other (please explain): _____

Registered with the NC Secretary of State? Yes No

If No, what state are you registered in? _____

If Yes, what is the Registered Name? _____

Type of Business (What Do You Do?): _____

Service Address: _____

Corporate Headquarters Address: _____

Phone #: _____ **Fax #:** _____

Dun & Bradstreet # (if applicable): _____

Local Manager Name: _____ **Local Phone #:** _____

Driver License & State: _____ **SSN or FedTaxID:** _____

Other Active Accounts?: Yes No

If Yes, enter the Account Service Address(es): _____

Partners/Corp Officers/Contacts:

Name	Position	Contact #	SSN #
1.			
2.			
3.			

Billing Information

Billing Address: _____
(if different than Service Address)

Authorized Contact's Name: _____
(individual who conducts business on behalf of the company)

Phone #: _____

E-mail Address: _____

Service Request Details

Type of Service Requested: Gas Lighting **Square Footage:** _____
(select all that apply) *(Estimated Premise/Facility)*

Type Of Gas Appliances In Use: _____

Signature(s)

Print Name: _____
(Applicant)

Signature: _____
(Applicant)

Date: _____

Print Name: _____
(If applicable, Co-Aplicant)

Signature: _____
(If applicable, Co-Aplicant)

Date: _____

Internal Use Only

Customer Number: _____

Account Number: _____

Deposit Amount: _____

Irrevocable Lt of CR: Yes No

From: _____

Amt: _____

Surety Bond: Yes No

From: _____

Amt: _____

Print Name: _____
(Utility)

Signature: _____
(Utility)

Date: _____

