

**EASTERN NATURAL GAS COMPANY
RESIDENTIAL APPLICATION FOR GAS SERVICE**

FOR OFFICE USE

NAME: _____
ACCOUNT / DIVISION: _____
SITE NUMBER _____

CUSTOMER INFORMATION:

LAST	<u>APPLICANT NAME</u> FIRST	MI	D.O.B.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NUMBER (Optional) *
LAST	<u>APPLICANT SPOUSE / CO-APPLICANT NAME</u> FIRST	MI	D.O.B.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NUMBER (Optional) *
GAS SERVICE ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE	CELL PHONE OR ALTERNATE PHONE NO.
NAME	<u>EMPLOYER (APPLICANT)</u> ADDRESS		PHONE NO.	LENGTH OF EMPLOYMENT	NEAREST RELATIVES NAME AND PHONE NO.
NAME	<u>EMPLOYER (APPLICANT SPOUSE / CO-APPLICANT)</u> ADDRESS		PHONE NO.	LENGTH OF EMPLOYMENT	* Social security number is optional but another acceptable form of identification must be provided.

RENT _____ OWN _____	LANDLORD NAME	ADDRESS / ACCOUNT NO.	PHONE NO / CELL PHONE
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<p>HAVE YOU HAD GAS SERVICE WITH US BEFORE? YES _____ NO _____</p> <p>CHECK THE APPLIANCES AT THE SERVICE ADDRESS:</p> <p>GAS HEAT _____ GAS WATER HEATER _____ GAS COOKING STOVE _____</p> <p>GAS HEATED POOL _____ GAS AIR CONDITIONER _____ GAS CLOTHES DRYER _____</p> <p>OTHER (EXPLAIN) _____</p> <p>CUSTOMER HAS RECEIVED A COPY OF THE CUSTOMER HANDBOOK _____</p>	<p>IT IS HEREBY UNDERSTOOD AND AGREED THAT ALL OUTSTANDING BALANCES DUE ON MY ACCOUNT SHALL BE CHARGED INTEREST AT THE RATE OF 1.5% PER MONTH UNTIL PAID IN FULL. I/WE HEREBY EXPRESSLY CONSENT TO JURISDICTION IN ANY COURT IN TRUMBULL COUNTY, OHIO FOR THE RESOLUTION OF ALL DISPUTES AS A RESULT OF MY/OUR ACCOUNT WITH EASTERN NATURAL GAS COMPANY.</p>
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APPLICANTS MUST BE AT LEAST 18 YEARS OLD TO SIGN THIS DOCUMENT

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

REFERRED BY: _____ ACCOUNT # _____

APPLICATION APPROVED BY: _____

PLEASE RETURN PROMPTLY TO:

**EASTERN NATURAL GAS COMPANY
4100 Holiday St. N.W. Suite 201
Canton, Ohio 44718**