



Non Residential Contract For Service

Thank you for requesting service with Dominion Energy. We appreciate the opportunity to serve you.

Information about your deposit

Our standard deposit is an amount equal to the total of the two highest consecutive bills for a 24-month period. If usage information is not available or inconsistent with the new business purposes, deposit may be calculated based on square footage of the business. If Dominion Energy services gas only at this address, the deposit is based on therm load.

We will automatically refund your deposit (plus interest) on your 25th billing month based on compliance to both of the following guidelines: 1) no more than 2 late payments in the last 24 months; 2) no disconnect activity on the account in the same 24 month period. If your deposit cannot be refunded for good credit, we will apply interest annually to your account. When you close your account, your deposit will automatically be credited to your account. Interest is also credited; provide your deposit is held for six months or longer. The interest rate is set by Public Service Commission and is currently 3.5%.

Information about your bill

Billing periods normally range for 28-34 days, with the possible exception of your first or last bill. Bills are past due if they are not received by the "Pay By" date on the bill. A late payment charge of 1-1/2% is added to any charges not paid after 25 days from the billing date.

Contract

The undersigned hereby makes application for electric and/or natural gas service at the service address and agrees to pay for said service as measured by Utility's meter at the applicable rate. The Utility shall have the right, but shall not be obligated, to inspect any installation before service is introduced, or at any later time, and reserves the right to reject any wiring, piping, or appliances not in accordance with the official Code or Utility Standards. Such inspection or failure to inspect or reject shall not be regarded as an insurance against defects in installation, wiring, piping, or appliances and shall not render Utility liable or responsible for any loss or damage, resulting from defects in the installation, wiring, piping, or appliances, or from violation of official Code(s) as might be applicable, or from accidents or occurrences which might occur upon applicant's premises.

The applicant, if the owner of the property, grants to the Utility the right to construct, reconstruct, maintain, and repair a service line and have free access to the premises of the applicant for the purpose of installing, inspecting, reading meters, repairing, and/or removing property of the Utility when service is discontinued.

The applicant, if the owner of the property, agrees that all wiring, meters, pipes, regulators, and any kind of property placed on the premises by the Utility shall not constitute a part of the real estate, but shall remain personal property, title to which is retained by the Utility.

Information about your electric rate

Each customer, new or existing, is responsible for selecting their particular rate from the available schedule of rates published by Public Service Commission of South Carolina. The company shall, upon request from the customer, assist the customer in determining the best rate applicable for the customer's electric service.

Initial electric service for new commercial services will be assigned electric Rate 9 as defined in the current Dominion Energy schedule of rates.

Please complete the application along with the attached W9 form and return using one of the methods below:

Fax Application to: 803-933-8045

Mail Application to: Dominion Energy, Commercial Group, Mail Code 24x7 2A, 220 Operation Way, Cayce, SC 29033
(Please do not mail payment to this address)

Email Application to: SCSmallCommercial@SC.DominionEnergyAccount.com

Mail Deposit to: Dominion Energy, PO Box 25973, Richmond, VA 23260

Questions? Call the Dominion Energy Small Commercial Group at 1-866-692-7234



Non Residential Application for Service
Complete this form, the attached W9 and send back to
Dominion Energy South Carolina to start the application process.

Application Date: _____

| | | | |
|---|-------|----------------------|------------------------------|
| Section A Type of Legal Entity | | | |
| LLC <input type="checkbox"/> LLP/LP <input type="checkbox"/> Inc. <input type="checkbox"/> State Registered In: _____ | | | |
| Name of Business: _____ <small>(The exact name registered with the Secretary of State's Office)</small> | | | |
| Federal Tax ID Number: _____ Dun & Bradstreet Number: _____ (If applicable) | | | |
| Officers/Owners/Partners of Company | | | |
| Name: | | Title: | Phone #: |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| Parent Company Name: _____ (if different from business name above) | | | |
| Section B Sole Proprietorship/DBA | | | |
| Your Name: _____ | | | |
| DBA Name: _____ | | | |
| DOB: _____ Driver's License#/State: _____ | | | |
| Section C Service Address/Type of Utility/Facility Information | | | |
| Complete Service Address: _____ | | | |
| Service Requested: Electric <input type="checkbox"/> Gas <input type="checkbox"/> Lighting <input type="checkbox"/> Square Footage: _____ | | | |
| Date Wanted: _____ SIC Code: _____ | | | |
| Section D Billing Information | | | |
| Complete Billing Address: _____ <small>(If Different than Service Address)</small> | | | |
| Section E Account Information (Applicable for either Section A or B) | | | |
| Local Manager Name: _____ Local Phone#: _____ | | | |
| Authorized Contact Name: <small>(Individual(s) who can conduct business on behalf of the company)</small> | | | |
| Name: | | Title: | Email Address: Phone #: |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| Accounts Payable Contact: _____ Phone #: _____ | | | |
| Other Active Accounts: Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | | |
| If YES, enter the Account Service Address(es): _____ | | | |
| Section E Authorized Signatures (Application must be signed by an officer of the company) | | | |
| <small>The applicant agrees that this application is subject to the "General Terms and Conditions" of the Utility, a copy of which is open for inspection at the office of the Utility and will be provided to the applicant upon request and that these "General Terms and Conditions" are a part of this agreement.</small> | | | |
| <small>The applicant agrees he/she has read this Contract, has read or waived reading the "General Terms and Conditions" which are part of this Contract, and that he/she agrees in exchange for Utility's agreement to provide service, to abide by the terms of this Contract.</small> | | | |
| Print Name: _____ | | Signature: _____ | Date: _____ |
| Internal Use Only: | | Account Number _____ | |

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 Business name/disregarded entity name, if different from above. | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|--|
| Social security number | | | | | | | | | | | |
| | | | | - | | | | - | | | |
| or | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| | | | | | - | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|--------------------------|------|
| Sign Here | Signature of U.S. person | Date |
|------------------|--------------------------|------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).