

Dominion Energy North Carolina Application For Service - Non-Residential

eneral Business Information		Requested Turn On Date:			
Business or Corporation Nam	ne:				
Гуре of Legal Entity:		LLP	Inc.	Par	tnership
Registered with the NC Secre		Yes			
If No, in what state are you r	-				
If Yes, what is the Registered					
in res, what is the Registered					
Owner Name:					
Type of Legal Entity:	Sole Propriet	torship	DBA		
DBA:					
		(if different	than the Owner)		
Type of Business: (What Do You Do	?)				
Service Address:					
s your facility LEED-certified		Yes	No		
if YES, please fax a copy of certification	documentation to 704-810)-3118)			
			al Phone#:		
Local Manager Name:		LUCa			
Email address:					
Email address: Other Active Accounts?:	Yes	No			
Email address:	Yes	No			
Email address: Other Active Accounts?: If Yes, enter the Account Serv	Yes vice Address(es):	No			
Email address: Other Active Accounts?: If Yes, enter the Account Serv Authorized Contact Names: (Yes vice Address(es):	No	mpany)		
Email address: Other Active Accounts?: If Yes, enter the Account Serv	Yes vice Address(es):	No			
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Email address: Other Active Accounts?: If Yes, enter the Account Serv Authorized Contact Names: (Name	Yes vice Address(es): individuals who conduct busine Position	No ess on behalf of the Co	(mpany) Contact#		
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Email address: Other Active Accounts?: If Yes, enter the Account Serv Authorized Contact Names: (Name Billing Information Billing Address: Service Request Deta Type of Gas Appliances in use:	Yes vice Address(es): individuals who conduct busine Position	No ess on behalf of the Co (if different than Se	rvice Address)		
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Email address: Other Active Accounts?: If Yes, enter the Account Serv Authorized Contact Names: (Name Billing Information Billing Address: Service Request Deta Type of Gas Appliances in use: Signature(s) Print Name:	Yes vice Address(es): individuals who conduct busine Position	In No	rvice Address)		Alternate#
Email address: Other Active Accounts?: If Yes, enter the Account Servan Authorized Contact Names: (Name Billing Information Billing Address: Service Request Deta Type of Gas Appliances in use: Signature(s) Print Name: (A	Yes vice Address(es): individuals who conduct busine Position ails applicant)	I NO ess on behalf of the Co (if different than Se Signate	rvice Address)		Alternate#
Email address: Other Active Accounts?: If Yes, enter the Account Serv Authorized Contact Names: (Name Billing Information Billing Address: Service Request Deta Type of Gas Appliances in use: Signature(s) Print Name:	Yes vice Address(es): individuals who conduct busine Position ails applicant)	I NO ess on behalf of the Co (if different than Se Signate	rvice Address)		Alternate#

(Please do not mail payments to this address.)

Fax Application to: 1-843-746-0442

Email Application to: NCGasCommercialServices@DominionEnergy.com

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