



APPLICATION FOR SC 20 TRANSPORTATION RECEIPT SERVICE

Welcome! This is your application to Consolidated Edison Company of New York Inc. ("Con Edison" or "the Company") for Transportation Receipt Service of Customer owned gas to the Customer(s) and specified Citygate point(s) under SC 20 of Con Edison's Schedule for Gas Service.

This application form consists of several parts. Depending on your needs, you may have to complete more than one part.

Part Who needs to complete it

A - D All applicants who want to qualify as Sellers in Con Edison's Service Territory

E Qualified Sellers to:

- (a) a Firm SC 9 Customer or a Firm Small Customer Aggregation Group; or
- (b) two or more Customers whose imbalances the Seller has elected to aggregate (Imbalance Aggregation Group).

The Seller must re-submit Part E each time Seller forms a new Small Customer Aggregation Group or Imbalance Aggregation Group.

Note: Applicants are free to complete and submit all parts at the same time if they have prospective Customers ready to take this service.

PART A. SELLER INFORMATION

(a) Name: _____

(b) Street: _____ Room/Floor/Office: _____

 Town/City: _____ State: Zip + 4: _____

(c) Mailing Address where we should send Bills, if different from above:

 Street: _____ Room/Floor/Office: _____

 Town/City: _____ State: Zip + 4: _____

(d) Tel. No. for the account: _____ Fax No.: _____

PART B. CREDIT INFORMATION



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For information on satisfying Con Edison's credit requirements, please refer to Miscellaneous Provisions (B1) through (B2) commencing on Leaf No. 391.0 in Con Edison's Gas Tariff, and its Operating Procedures. Within ten (10) business days of receipt of a completed application along with all necessary documentation, Con Edison will perform a credit appraisal, and notify the Seller in writing of its acceptance or rejection of Seller's application for SC 20 service. If Con Edison rejects the Seller's application, the reasons for rejection of the application will be clearly stated in writing.

PART C. ADDITIONAL INFORMATION

The term(s) of this agreement shall be coextensive with the term(s) of service agreement(s) of the SC 9 Customer(s) served by the Seller.

Con Edison's and Seller's performance for service provided hereunder are subject in all respects to the provisions of Con Edison's Schedule for Gas Service and any amendments thereof, and to the rules, regulations, terms and conditions therein set forth, applicable to the particular service provided hereunder, all of which are hereby referred to and made a part hereof. Con Edison's Operating Procedures can be viewed on Con Edison's Internet site at www.coned.com (choose ESCO/Marketer Central from quick links).

Seller hereby authorizes CONSOLIDATED EDISON COMPANY OF NEW YORK, INC. and its properly authorized agents to obtain and analyze credit information regarding Seller for the purpose of evaluating Seller's credit-worthiness and agrees that neither the Company nor its agents shall be liable to Seller in connection with such evaluation or with Seller's application's acceptance or rejection.

Seller warrants that it will, at the time it delivers gas to the Company for transportation, have good and merchantable title to all such gas free and clear of all liens, encumbrances and claims whatsoever. The Seller shall indemnify the Company and save it harmless from all suits, actions, debts, accounts, damages, costs, losses and expenses arising out of the adverse claims of any or all persons to said gas including claims for any royalties, taxes, license fees or charges applicable to such gas or to the delivery of such gas to the Company for transportation.

To qualify for exemption from sales tax, Seller must submit New York State Tax Form ST-120 (Resale Certificate) to the Company.

PART D. SELLER'S SIGNATURE

This application shall not be modified or affected by any promise, agreement or representation, orally or in writing, by any agent or employee of the Company.

Seller's Full Name: _____ Title: _____

Seller's Signature: _____ Date: _____

PART E. SC 9 BALANCING SERVICE SELECTION



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For each SC 9 Customer taking service as an individual customer, or as a member of a Small Customer Aggregation Group, or as a member of a Group for which the Seller is aggregating customer imbalances, the Seller must submit Customer's name and Con Edison gas account number through the Con Edison's Gas Internet Bulletin Board or other electronic format, as explained in Con Edison's Operating Procedures. All SC 9 Transportation Customers or their authorized agent, except existing Firm Customers, must complete an SC 9 application form as described in Con Edison's Operating Procedures.

Group Number (if known): _____
(Con Edison will assign a number to a new aggregation group)

Note: If completing for more than one Aggregation Group, photocopy and complete for each aggregation group.

Application is for: an individual Firm Transportation Customer¹ a Small Customer Aggregation Group²
 an Imbalance Aggregation Group

When forming a Small Customer Aggregation Group, or aggregating imbalances for two or more Customers, all Customers in the group must take the same type of Balancing Service option.

For an individual Customer or Group, choose one type of Balancing from Option "A" or "B".

<u>Customer Type</u>	<u>Option "A"</u>	<u>Option "B"</u>
<input type="checkbox"/> Firm	<input type="checkbox"/> Load Following	
<input type="checkbox"/> Interruptible/ Off-Peak Firm	<input type="checkbox"/> Daily Balancing	<input type="checkbox"/> Monthly Balancing
		▪ 90% _____
		▪ 80% _____
		▪ 70% _____

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Seller's Full Name: _____ Title: _____
Seller's Signature: _____ Date: _____

¹ Minimum individual annual requirement of 35,000 therms
² Small Customer Aggregation Group means two or more Customers whose aggregate annual requirements are at least 50,000 therms.

PART F. COMPANY USE ONLY

Application Received by:
Name: _____ Title: _____



**APPLICATION
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Signature: _____

Employee No.: _____

Application Reviewed by:

Name: _____

Title: _____

Signature: _____

Employee No.: _____

Application Approved by:

Name: _____

Title: _____

Signature: _____

Employee No.: _____

Account Number:

Unit _____ Led. _____ Fol. _____ Ser. _____ C.N. _____

Deposit Amount: _____

Remarks: _____
