

PSC NO: 9 GAS
NATIONAL FUEL GAS DISTRIBUTION CORPORATION
INITIAL EFFECTIVE DATE: 05/31/2016

SECTION: 0 LEAF: 91
REVISION: 0
SUPERSEDING REVISION:

GENERAL INFORMATION (Cont'd)

II.22. – Cont'd

D. CREDIT INFORMATION

1. Existing and/or Previous Gas Accounts

Account 1	Account Name: _____		
_____	_____	_____	_____
Address	Zip	Account Number	Balance
Account 2	Account Name: _____		
_____	_____	_____	_____
Address	Zip	Account Number	Balance

Do you desire to schedule termination of service for these accounts? ____Yes ____No. If yes,
on what date and on what accounts _____.

2. Identification of Business.

- a. Describe the type of business _____
- b. Is it a _____ corporation, _____ partnership, _____ proprietorship, or
other _____
(describe)
- c. For Corporations- State of Incorporation _____, County where certificate is
filed _____, Registration Number _____.
- d. For Partnership/Proprietorship-County where certificate of authority is filed _____.

3. Principal Officers, partners or Owner of Business.

(a)	_____	_____
	Name	Position/Title
	_____	_____
	Home Address	Home Telephone
(b)	_____	_____
	Name	Position/Title
	_____	_____
	Home Address	Home Telephone
(c)	_____	_____
	Name	Position/Title
	_____	_____
	Home Address	Home Telephone

Issued by C. M. Carlotti, President, 6363 Main Street, Williamsville, NY 14221
(Name of Officer, Title, Address)