

York County Natural Gas Authority New Residential Customer Information Form

Section 1: Customer and Service Information

PLEASE PRINT

Account Holder Name _____ Social Security Number (Account Holder) _____ Daytime Phone Number _____

Spouse (if Co-applicant) _____ Email Address (Account Holder) _____ Home Phone Number _____

I authorize _____ Full Name _____ Relationship _____ access to my gas account as an *authorized contact*.

I understand my *authorized contact* will have limited access to my account and I am solely responsible for payment of my account. Please Initial

(contact us for details)

Start Service Date _____ Service Address _____ Zip Code _____

Mailing Address (if different from Service Address) _____ City/State _____ Zip Code _____

Own or Rent _____ if Rent, we require _____ Landlord Name _____ Phone Number _____
(circle one)

Bank Draft Service I would like to start Bank Draft Service (please include copy of voided check in mail or fax) Please Initial

Section 2: Select Appropriate Gas Rate (please check one)

What Appliances will use Natural Gas? Furnace/Heater Water Heater Range Dryer Logs Grill Lights
(circle all that apply)

Preferred Residential Rate Available to Residential Customers who have a minimum gas consumption of nine (9) therms per month. Residential customers who have monthly gas consumption less than 9 therms per month are also eligible for this rate but will be charged for the minimum consumption amount in any billing period where the minimum consumption is not used. The Preferred Residential Rate is 10% lower than the General Residential Rate on all gas consumed annually. Customers who do not have year-round usage are not eligible for the Preferred Residential Rate.

General Residential Rate Available to all Residential Customers for all uses.

I understand that I may change my rate only one time every 12 months. Please Initial

Section 3: Credit Card Authorization (for fees only, not for monthly bill)

I authorize use of my credit card for any applicable service initiation fees.

Account Number _____ Visa MC AMX Discover _____

(Circle Card Type)

Account Holder Name _____ Account Holder Signature _____

Expiration Date (MM/YY) _____

3 Digit Security Code _____

Billing Address Zip Code _____

Account Holder Signature _____ Date _____

_____ AUTHORITY USE ONLY _____

Account Number _____ WO Number _____ Rate Class _____ Date _____ Customer Rep _____

Deposit _____ Service Fee _____ AIC _____ Total Fees and Deposits _____