Philadelphia Gas Works

APPLICATION FOR NEW OR INCREASED GAS SERVICE Proprietorship or General Partnership

Registered Fictitious Name:			
	(Exactly as w	vritten in Fictitious Name Registration)	
Requested Service Location:			
	Street Address	3	Phone
Principal Office:			
	Street Address		Phone
Billing Information:	City, State, Zip		-
Dining information.			
Name	Street Address	i	Phone
Title	City, State, Zip		_
Owners/Partners:			
Name	Street Address)	Phone
	City, State, Zip		_
Name	Street Address	•	Phone
	City, State, Zip		=
Name	Street Address		Phone
········			-
	City, State, Zip		
Name	Street Address	<u> </u>	Phone
	City, State, Zip		<u>-</u>
*If business name has not been registered, a	pplication <i>must</i> be in t	he name of the individual owner or all partne	rs as co-applicants.
General Information:			
Nature of Business (Brief Description)			
Expected Volume of Gas Usage		Cubic Feet/Month	
Nature of Gas Usage		(Space Heating, Cooking, Proces	es Etc.)
Tractic of Oas Osaye			
Approximate Date Service is Desired		(Continued on ot	her side)

FAX COMPLETED FORM TO 215-684-6986

Is Property Leased ☐ or Owned? ☐	Na	Name of Owner ☐, Agent ☐ or Mortgage Company ☐		
Name				
Street Address		City, State, Zip		
	Terms of Lease – From		То	
Telephone				
References:				
D & B Rating:				
BANK:				
Bank Name				
Street Address		City, State, Zip		
Account Type		Account Number		
Account Type		Account Number		
TRADE:				
Firm Name				
Street Address		City, State, Zip		
Firm Name				
Street Address		City, State, Zip		
UTILITY:		2.37, 2.0.10, 2.12		
Utility Name				
•		0		
Street Address		City, State, Zip		
OTHER ACCOUNTS WITH PGW: (Past or Pres	sent)		Shut-Off Request	
Street Address	Account Number		No ☐ Yes - Date	
Street Address	Account Number		No ☐ Yes - Date	
I am the officer and/or agent of the above listed a responsibility. I request PHILADELPHIA GAS W	applicant for service and am authori		gas service for which the applicant assumes	
	Rate at			
	ite of this application or at the time		ates, rules and regulations applicable to the servicustomer is supplied with gas service, as provided	
This application shall not be binding upon the Co	ompany until executed by an author	ized representative of the C	ompany.	
s this building tenant occupied?	□ No			
Customer's Signature		Title	Date	
PGW Representative				

FAX COMPLETED FORM TO 215-684-6986