



APPLICATION FOR THE SUPPLY OF NATURAL GAS

COMMERCIAL

FULL NAME: _____
(AS PRINTED ON ID IF NOT AN INCORPORATED BUSINESS)

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

BB: _____

TELEPHONE NO: HOME: _____ CELL: _____

WORK: _____
(IF APPLICABLE)

EMAIL ADDRESS: _____

PLEASE PRINT

REQUEST ONLINE BILLING

You are authorizing the National Petroleum Corporation to deliver your monthly Natural Gas Bill(s) electronically. A ten (10) day notice is required to withdraw the electronic delivery of your Natural Gas Bill(s) and again receive by mail.

It is important to receive your monthly bill(s), therefore, please ensure an accurate email address is received. (ONLY ONE EMAIL ADDRESS PER ACCOUNT HOLDER)

REGISTERED COMPANY NAME: _____

NAT. REG. NO. / COMPANY REG. NO: _____

TYPE OF COMMERCIAL SERVICE

New Service Fee

Unseal Fee

Reinstall Meter Fee

Total Fee

PROPERTY OWNED RENTED OTHER _____

Equipment to be used: _____

Hours of use per day: _____ Days of use per month: _____

I/We, hereby declare that I am aware that any contract entered into with the National Petroleum Corporation is subject to the National Petroleum Corporation's Regulations 2017, and I further declare that all statements made by me in this application are true and accurate. AND I FURTHER DECLARE that upon default of any payment to be paid in respect of this account I agree to pay 1.5% interest charge per month after 30 days and all reasonable Attorney-At-Law fees and costs necessary for the collection of such debt.

APPLICANT: _____ DATE: _____

NAT. REG. NO. _____

VERIFIED: _____ DATE: _____