



**SOUTHERN CONNECTICUT GAS COMPANY** 855 Main Street, Bridgeport, Connecticut, 06604  
Tel. (860) 727-3247 Fax (860) 727-3148

- OPERATOR CREDIT APPLICATION
- OFF-SYSTEM SALES CREDIT APPLICATION

\_\_\_\_\_ Date: \_\_\_\_\_ Rec. by: \_\_\_\_\_  
Name of Business

Address: \_\_\_\_\_ , \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_ , \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

If a subsidiary, list parent company name & headquarters address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business:

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| _____ Corporation                     | Date & State of Incorporation _____ |
| _____ Limited Liability Co.           | _____ Partnership                   |
| _____ Sole Proprietorship             | _____ Limited Partnership           |
| _____ School or School District       | _____ Municipal Entity              |
| _____ Church or Religious Institution | _____ Municipal Agency              |
| _____ Not-for-Profit Organization     | _____ Municipality                  |

**OFFICERS / PRINCIPALS OF BUSINESS APPLICANT**

Name: Title: \_\_\_\_\_

Home Address: : \_\_\_\_\_

Name: Title: : \_\_\_\_\_

Home Address: : \_\_\_\_\_

Name: Title: : \_\_\_\_\_

Home Address: : \_\_\_\_\_

**ADDITIONAL APPLICANT INFORMATION**

- Does your company currently purchase gas or transportation services from Southern Connecticut Gas Company: \_\_\_\_\_ yes \_\_\_\_\_ no.
- If "yes" please enter your SCG account number from a recent bill: \_\_\_\_\_
- Have you acted as a pool agent for any transportation gas pool on Southern Connecticut Gas Company's system any time in the last twelve (12) months? \_\_\_\_\_ yes \_\_\_\_\_ no.
- When do you wish to initiate services as an Operator? \_\_\_\_\_, 200\_\_\_\_\_

**BANK REFERENCES**

Bank: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address & Branch: \_\_\_\_\_ , \_\_\_\_\_

Bank: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address & Branch: \_\_\_\_\_ , \_\_\_\_\_

**ADDITIONAL CREDIT/TRADE REFERENCES**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_

The undersigned hereby authorizes Southern Connecticut Gas Company (SCG) to make whatever credit inquiries it deems necessary in order to process this credit application; regarding any credit review or the collection of any debts accrued as a result of any credit extended as a result of their reliance on the information provided on or obtained from credit references given on this application. In addition, the undersigned hereby authorizes and instructs any person or credit reporting agency to compile and furnish Southern Connecticut Gas Company any information it may have or find necessary to obtain in response to requested credit inquiries. The undersigned further asserts that they have the authority to grant the permission to relinquish the requested information.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Signature Title Date

**For Wire Transfers/Automatic Clearinghouse Payments:** Destination Bank: FLEET BANK  
Destination City: HARTFORD, CONNECTICUT  
ABA Number  
Wire Transfer: 011 900 571  
ACH: 011 900 445  
Beneficiary Name: Southern Connecticut Gas Company  
Beneficiary Account: 0000910356

**CREDIT DEPARTMENT REVIEW:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ More Information Required: \_\_\_\_\_  
Need personal guarantor: \_\_\_\_\_ Security deposit: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

***“THANK YOU FOR CHOOSING SCG AS YOUR PARTNER IN ENERGY”***