

## Supplier Application

1. Complete Legal Name of Supplier (include any d/b/a):  
 \_\_\_\_\_ ("Supplier") hereby requests to be qualified as a Supplier of gas for certain customers of Boston Gas Company, Colonial Gas Company and Essex Gas Company each D/B/A National Grid ("the Company") who choose to transport gas on the Company's distribution system. Supplier hereby provides the following information in connection with this request:

2. Type of legal entity: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Joint Venture ☐ Other

Date of  
Incorporation/formation: \_\_\_\_\_ State of  
incorporation/formation: \_\_\_\_\_

Please provide information below on officers, all general partners, joint venture principals, proprietor or other.

Name	Title	Address	Phone Number

3. Is your company a subsidiary of another company? Yes: ☐ No: ☐

If yes, please provide the following on the Parent Company:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

4. Please answer the following:
- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| a. Is the Supplier operating under any chapter of bankruptcy law?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the Supplier subject to liquidation or debt reduction procedures under state laws, such as an assignment for the benefit of creditors, or any information creditors' committee agreements?      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the Supplier aware of any changes in its business condition which would negatively affect its financial condition, a condition of insolvency, or its inability to exist as an ongoing business? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the Supplier have any delinquent balances outstanding for services previously provided by National Grid or any of National Grid affiliates?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the Supplier have any pending collection lawsuits or collection judgments outstanding or tax liens against it?  | <input type="checkbox"/> | <input type="checkbox"/> |

5. Attach the following financial documents:

Two Trade References  
Two Banking References  
Most recent Credit Reports from Credit and Bond Rating Agencies

And, for the most recent two (2) years:

Audited Balance Sheets  
Annual Reports to Shareholder  
10K Reports

(To the extent that such annual reports to shareholders are not publicly available, the Supplier shall provide the Company with a comparable list of all corporate affiliates, parent companies and subsidiaries.)

6. Provide a statement whether any director, officer, general partner, joint venture principal or proprietor has been convicted of a felony involving business fraud, or held liable for any antitrust violation or equivalent law of any jurisdiction and whether the applicant business entity has itself been held liable for business fraud or antitrust violation (including the date and place of conviction or verdict, and nature of offense found). (If additional space is needed, attach a separate sheet.)

Supplier understands that Company must receive a complete application before the application will be accepted and processed. Supplier must be certified by the state regulatory board for each state in which the Supplier intends to provide Supplier Service. Supplier must be and remain an approved bidder on the upstream pipelines and underground storage facilities on which the Company will assign capacity.

The Supplier shall be subject to a credit investigation by the Company. In addition to the Supplier Application, the Supplier and Company must execute a Supplier Service Agreement provided that the Supplier meets the Company's creditworthiness standards or, in lieu thereof, Supplier must provide an advance deposit, letter of credit, surety bond, or guarantee satisfactory to the Company.

Supplier hereby represents that the information provided in this request is true to the best of its knowledge.

**Supplier Contact for this request.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

**Supplier Authorized Representative**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Dated: \_\_\_\_\_