

Account Application



Applicant or Business Name (Print)

Primary Telephone Number (in case of emergency)

Account # _____

Residential Service

The undersigned applicant hereby requests that Midwest Natural Gas Corporation (Corporation) supply natural gas service to the residence located at the physical address listed below. (Please continue reading below under the "All Service" section).

Business Service

The undersigned represents that they are an agent of the applicant, and as such, is authorized to accept responsibilities on behalf of the applicant. Applicant hereby requests that Midwest Natural Gas Corporation (Corporation) supply natural gas service to the business located at the physical address listed below. (Please continue reading below under the "All Service" section).

All Service

Applicant agrees to be held responsible for payment of said service billed by the Corporation in accordance with the schedule of rates as filed with and approved by the Indiana Utility Regulatory Commission (IURC). Furthermore, the applicant agrees to comply with the Rules and Regulations of the Corporation governing such service filed with and approved by the IURC. Applicant acknowledges that a monthly service charge will be billed in all months that service is provided, even in those months where no natural gas is consumed. Applicant agrees to remain responsible for all charges for service until the Corporation receives notification from the applicant to discontinue service, and the Corporation acknowledges such notification, by the rendering of a final bill.

Applicant agrees that the Corporation shall be allowed to connect other gas lines to the service line for extensions, if necessary, and grant easement for such.

Applicant acknowledges that they have received a copy of the rights and responsibilities pamphlet and agrees to the terms and conditions therein.

Signature of Applicant/ Co-applicant signature (if applicable)

Co-applicant, if applicable (Print)

Social Security # or Federal I.D. # if Business

Date Signed

Physical Street Address (Premise)

Billing Address (if different)

City, State and Zip Code

City, State and Zip Code

If renting, Property Owner Name

Date Service On

Property Owner Telephone #

Date Service Off