

Commercial On-Bill Repayment Program
Application Instructions, Terms and Conditions — Program period ending June 30, 2024
Business Customers Participating in the Direct Install Program

This application must be completed by the following individuals depending on the type of business entity.

- **Sole Proprietorship or Business Individual:** Owner
- **Partnership:** Partner or Limited Partner
- **Limited liability Company:** Member or Manager
- **Corporation:** President, Vice President or Corporate Secretary

This is neither a contract, nor a commitment with a contractor. This is an application that will allow NJNG to proceed to review your request to participate in the New Jersey Natural Gas (NJNG) Commercial On-Bill Repayment Program for the amounts of an eligible Direct Install project not covered by the Direct Install incentive. This will include reviewing your utility payment and bankruptcy history. Please complete all fields. If you have any questions, please call 877-455-NJNG (6564) or email SAVEGREENrepayment@njng.com.

Application Instructions:

1. Fill out all sections.
2. Provide a copy of your completed Direct Install Application copies of utility billing demonstrating peak electric demand meets the Direct Install program requirements in the preceding 12 months.
3. Existing gas account is in the same name and has the same tax ID number as the applicant business. Application contains name(s) and contact information of all business owners owning more than 10% or more of the business (“Owners”). Owners must also provide a social security number.
4. Neither applicant business nor owner has filed bankruptcy in past 10 years. Note: personal bankruptcy search will also be performed for sole proprietors.
5. Applicant business or Owners have no other delinquent NJNG account(s) or unsatisfied previous debt to NJNG. (i.e. write-off account from a previous business location or a delinquent account for the same business at another location).
6. All businesses that are not publicly held will provide NJNG with personal guarantees from everyone with an ownership interest of 10% or more in the business entity. The promissory note will clearly state they are signing in their individual capacity. There are no fees, no closing costs, and no prepayment penalties.
7. The OBRP application must be completed and signed by all persons whose name is on the NJNG gas account.
 - a. In addition, all names on the application must match names on tax maps (from DEED). If different, applicant(s) should provide explanation.
8. Failure to provide any of the required information, or application not filled out in its entirety will delay processing of the OBRP application and may result in denial of the application. NJNG will share the status/progress of your OBRP application/process with your contractor of choice for reasons that include but are not limited to providing required documents, scheduling work, and processing paperwork.

Terms and Conditions:

1. Current NJNG customers must have 12 months of on time account payments. New NJNG customers must provide a Letter of Credit from a previous regulated utility (e.g. from your electric utility) showing 12 months of on time payments.
 - a. There can be no instances of payments received 30+ days after due date or payments returned.
 - b. A bankruptcy within the past ten years is an automatic disqualifier.
2. The Direct Install No-interest repayment terms will be for five years.
3. Preliminary approval for the OBRP program is effective for 60 days from the date of approval letter and contingent upon receipt of all completed documents set forth in the letter. After 60 days, New Jersey Natural Gas Company reserves the right, in its sole discretion, either to terminate the application or to review additional information, including your then-current payment history, prior to processing the application—which may result in a denial.
4. Following installation of equipment, all payments (OBRP amount) will be sent directly to the customer.
5. The account holder is responsible to pay the contractor for all work performed.
6. The OBRP will be considered in default if any of the following occur:
 - a. Any amount owing under the Promissory Note (“Note”) is not paid by the day it becomes due; or
 - b. There is a violation of a provision of the Note now or in the future; or
 - c. Account holder files for bankruptcy or becomes subject to a proceeding which seeks relief from debt; or
 - d. Account holder dies or becomes legally unable to manage their affairs; or
 - e. Account holder terminates the NJNG account number listed in the Note; or
 - f. Account holder sells or otherwise transfers ownership of the real property at which NJNG currently provides natural gas utility service under the NJNG account number listed in the Note; or
 - g. Account holder has made a false or misleading statement about an important matter in connection with the transaction covered by the Note or has made or makes one in any application related to the Note; or
 - h. Account holder reasonably believes that any amount owing under the Note will not be paid by the day it becomes due.
7. If a default occurs, all amounts owing under the Note will be due immediately.
8. Payments other than the agreed monthly repayment (lump sum repayments) can only be made to NJNG in increments of 20% of the total OBRP amount received.

Send completed and signed repayment application form (keep copy for yourself) to the following address:

SAVEGREEN PROJECT OBRP
New Jersey Natural Gas
1415 Wyckoff Road, P.O. Box 1464 • Wall, NJ 07719-9986
E-mail: SAVEGREENRepayment@njng.com • Fax: 732-378-4935



Commercial On-Bill Repayment Application

Business Customers Participating in New Jersey's Clean Energy Program™ Direct Install Program

A. Applicant Information

Dollar amount requested: \$ _____ Terms of repayment will be five years (60 monthly payments).

New Jersey Natural Gas Account Number: _____

Electric Name: _____

Electric Account Number: _____

Business Legal Name: _____

Business Type: **Sole Proprietorship or Business Individual:** Owner

(Check one) **Partnership:** Partner* Limited Partner*

Limited Liability Company: Member Manager

Corporation: President* Vice President* Corporate Secretary* State of Incorporation: _____

*All persons completing this application, and any owner of 10% or more of the business (each such owner is required to complete a Personal Statement as an addendum to this application) shall be jointly and severally responsible for the repayment of funds through the NJNG On-Bill Repayment program, and will be required to sign a promissory note requiring repayment.

Person to be responsible for this account:

First Name: _____ Last Name: _____

Title: _____

DBA (if applicable): _____ Tax I.D. Number: _____

Installation Address: _____

City: _____ State: NJ Zip: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Key Contact Name: _____ E-mail Address: _____

Business Phone: _____ Business Fax: _____

Date Business Established: _____ Current Ownership (Number of years): _____

Does the applicant own or rent the building Own Rent

Has applicant or any owner/guarantor filed personal bankruptcy or served as an officer of a company that declared bankruptcy in the last 10 years? Yes No

Name of person who declared bankruptcy: _____

Where did he/she declare bankruptcy? _____ Year of bankruptcy: _____

The individual signing below certifies that I intend to apply for the Commercial On-Bill Repayment Program in the manner indicated in this application and certifies that everything stated in this application and on any attachment is correct. NJNG may keep this application whether or not it is approved. My signature also certifies that the information on this application and all supporting documents is true, that my intent is to apply for business purposes, and that I am aware this applications not a commitment to lend. NJNG is hereby authorized to check the credit history of all persons signing this application and to answer questions about NJNG's credit experience with all such persons.

Applicant's Signature/Date

Joint Applicant's Signature/Date (where applicable)

Print Applicant's Name

Print Joint Applicant's Name

Send completed and signed repayment application form (keep copy for yourself) to the following address:
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B. Contractor Information

Contractor/Installer: _____

FOR OFFICE USE ONLY: Date Received: _____ Approved: _____