## National Grid Downstate- New York PRE-TESTING WORKSHEET

Please complete the following and mail back via e-mail to <a href="mailto:Gregory.Accardo@NationalGrid.com">Gregory.Accardo@NationalGrid.com</a>.

Note: A separate Pre-testing Worksheet is required for National Grid Downstate - Long Island

National Grid Downstate – New York Identification & Contact Information				
Company Name	Company DUNS Number			
National Grid New York	178077227			
<u>Business Contact Name:</u> National Grid Downstate – New York	<u>IT Contact Name:</u> Energy Services Group TMS Implementation			
Greg Accardo	141 Longwater Drive, Suite 113 Norwell, MA 02060			
175 East Old Country Road East Bldg Ground Floor Hicksville NY, 11801	Office: (781) 347-9000 Fax: (781) 871-0792 Email: <a href="mailto:lmplementation@ESGGlobal.com">lmplementation@ESGGlobal.com</a> Website: <a href="mailto:www.ESGGlobal.com">www.ESGGlobal.com</a>			

National Grid Downstate – New York GISB Communication Information				
GISB:				
Contact Name:	B2B Communications			
Email Address:	B2BComm@ESGGlobal.com			
Telephone:	(781) 347-9000			
Fax:	(781) 871-0792			
Preferred Method of Contact:	Email			

**Separator/Terminator Information:** 

Element Separator: 2A \* Sub-Element Separator: 3E > Segment Terminator:  $7E \sim$ 

EDI	Test	Production
ISA Qualifier:		
ISA Sender/Receiver ID		
GS Sender/Receiver ID		
<b>DUNS Number:</b>		
GISB Common Code:		
GISB URL: (1.4 and 1.5)		
NAESB URL: (1.6v)		
Username:		
Password:		

ESCO/MARKETER - Identification & Contact Information					
Date of Request:					
Company Name:					
Company DUNS Number (MUST BE 9 DIGITS):					
Bill Options (Dual and/or LDC C	onsolidated Bill F				
Company Mailing Address:					
Business Contact Name:					
Business Contact Email :					
Business Contact Phone:					
Information Technology Contact Name:					
Information Technology Contact Email :					
Information Technology Contac	t Phone:				
(Information Technology contact i	s the person(s) har	ndling EL	DI data transfers a	and who will be executing Tests)	
	ESCO Com	munica	ation Informat	ion	
Contact Name:					
Email Address:					
Telephone:					
Fax:					
Preferred Method of Contact	:				
EDI	Test			Production	
ISA Qualifier:					
ISA Sender/Receiver ID					
GS Sender/Receiver ID					
DUNS Number:					
GISB Common Code:					
GISB URL:					
NAESB URL:					
Username:					
Password:					

## EDI PRE-TESTING SECURITY DEPOSIT

As per the Tariff, <a href="https://www2.dps.ny.gov/ETS/jobs/display/download/6104082.pdf">https://www2.dps.ny.gov/ETS/jobs/display/download/6104082.pdf</a>, referring to page 557 under Service Classification No 19, part M:

Received: 07/31/2014 Status: EFFECTIVE Effective Date: 11/01/2014

PSC NO: 12 GAS LEAF: 411.1 COMPANY: THE BROOKLYN UNION GAS COMPANY REVISION: 18 INITIAL EFFECTIVE DATE: 11/01/14 SUPERSEDING REVISION: 17

STAMPS:

SERVICE CLASSIFICATION No. 19 - continued

## M. DEPOSIT REQUIRED FOR ELECTRONIC DATA INTERCHANGE TESTING

To qualify to commence operations in the Company's service area, an applying ESCO must first successfully complete Electronic Data Interchange ("EDI") testing with both the Public Service Commission and the Company. Prior to beginning EDI testing with the Company, the applying ESCO will be required to post a cash deposit based on the level of testing required. The deposit required is as follows:

EDI Core Transactions only: \$5,000

EDI Core Transaction and Single Bill Testing: \$10,000

This deposit, with interest accrued at the same rate as customer deposits, will be refunded to the applying ESCO at the time the ESCO commences making retail sales of natural gas in the Company's service area. If, for any reason, the applying ESCO fails to commence such retail operations within three months of completing EDI testing, the deposit will be forfeited to the Company.

Acknowledged & Agreed: APPLYING ESCO	
Name:	
itle:	
Company:	
Date:	