



Please note that upon approval, this form will constitute formal documentation of the discount and become an amendment to the Service Agreement

Shipper Name: _____ Telephone Number: _____
 Representative Name: _____ Fax Number: _____
 Address: _____ Email Address: _____
 Shipper Signature: _____ Service Agreement Number(s): _____

Date(s) For Which Discount is Requested: _____

Receipt Point:

Meter Name: _____ Discount Quantity: _____ Dth/day

Meter Number: _____ Requested Rate: _____

Base Rate: _____ (format \$0.0000/dth)

Delivery Point:

Meter Name: _____ ACA: \$0.0011
EPCR⁽¹⁾: _____ (if applicable)

Meter Number: _____ Fuel: _____ % non-discountable
(format 0.0%;

(1) EPCR Unit Rate will apply to IT quantities scheduled for receipt or delivery on the Empire Connector.

Please describe the costs of alternative options to shipping on Empire, including gas cost and transportation costs, where applicable:

<u>Cost Components</u>	<u>Using Empire</u>	<u>Competition</u>	<u>Comments / Justification</u>
Commodity Cost:	\$. _____	\$. _____	
Upstream Pipeline			
Total Rate:	\$. _____	\$. _____	
Fuel:	_____ %	_____ %	
Empire			
Total Rate:	\$. _____	\$. _____	
Fuel:	_____ %	_____ %	
Downstream Pipeline			
Total Rate:	\$. _____	\$. _____	
Fuel:	_____ %	_____ %	
Market Price	\$. _____	\$. _____	

For Office Use Only

Approved Base Rate: \$ _____

Approved: Y N

Entered by: _____

Approved ACA Rate: \$ 0.0011

Approved by: _____

Date Entered: _____

Approved EPCR Rate: \$ _____

Date Approved: _____

Cust. Notified: _____

Approved Fuel Rate: \$ _____ . _____ %

Daily Capacity Desk

Fax: 716/857.7648

Phone: 716/857.7832