



Interstate Transportation Service Request Form

National Fuel Gas Distribution Corporation ("Transporter")
 Gas Supply Administration Department
 6363 Main Street
 Williamsville, NY 14221
 Phone: (716) 857-7107 / Fax (716) 857-7823

SHIPPER INFORMATION:

Service Applicant's Legal Name ("Shipper"):	
Mailing Address:	
Contact Person:	Email:
Phone #: ()	FAX #: ()
Billing Address (if different):	
Contact Person:	Email:
Phone #: ()	FAX #: ()
State of Incorporation or Organization: _____ DUNS # _____ - _____ - _____	
Type of Legal Entity: _____	
List Parent Corporation if Shipper is a Subsidiary: _____	
List General Partners if Shipper is a Partnership: _____	

Shipper's Authorized Signatory (ies) for Interstate Transportation Services:	
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
For non-officers, please include original authorizing documentation for such individuals.	

SERVICE REQUESTED:

Date Service proposed to Commence: _____	
Term of Service: ____ years ____ months	Maximum Daily Quantity _____ Mcf/Day
Name(s) of receipt point(s) [*] on Transporter's System _____	

Name(s) of delivery point(s) [*] on Transporter's System _____	

* All receipt & delivery point(s) must be Tele-metered.	



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CREDIT EVALUATION:

Contact for Credit Purposes:	Email:	
Phone: ()	Fax: ()	
Shipper's Preferred Bank Name:		
Street Address:		
City:	State:	Zip Code:
Bank Contact Person:	Phone #: ()	
Please indicate which type(s) of financial data you are sending: () Financial Statement (Audited if available) () Annual Report(s) () 10-K		

SERVICE REQUESTED BY:

Name:
Title:
Date:
Phone #: ()