



**National Fuel<sup>®</sup>**  
Supply Corporation

**IMBALANCE EXCHANGE FORM**

Email to GasAccounting\_Supply@natfuel.com

Call 716-857-6978 with Questions

*Please note handwritten forms will not be accepted.*

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**Account with Positive Imbalance**  
**(Delivery)**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorizing Contact Name (Print): \_\_\_\_\_

I certify that all information on this form is true and accurate, and have the proper authority to complete this form on behalf of my company.  
(Must be Security Administrator or listed under Imbalance Resolution with NFGSC)

Signed Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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**Account with Negative Imbalance**  
**(Receipt)**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorizing Contact Name (Print): \_\_\_\_\_

I certify that all information on this form is true and accurate, and have the proper authority to complete this form on behalf of my company.  
(Must be Security Administrator or listed under Imbalance Resolution with NFGSC)

Signed Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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**Exchange Details**

Quantity of Gas to be Exchanged: \_\_\_\_\_

Effective Date of Exchange: \_\_\_\_\_

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**NFGSC use only**

Received Date: \_\_\_\_\_

Entered Date: \_\_\_\_\_

Entered By: \_\_\_\_\_