



Supplier Acknowledgement Form

This form is used by an Agent to establish itself as a Business Party with NFGDC's Transportation Scheduling System (TSS) and to acknowledge having reviewed and understood the provisions of NFGDC's tariff relevant to the Supplier's interaction with NFGDC, including but not limited to the city gate balancing services, rules and regulations. This further includes provisions relating to Operational Flow Orders (OFO's), set forth in NFGDC's NY and PA tariffs.

One original that is signed by authorized representative of the Agent (e.g. Corporation: President or Vice President, Limited Liability Company: Manager or Member, Limited Liability Partnership: Manager, or Limited Partnership: General Partner) must be submitted to Dan Czechowicz at the address listed below before the Business Party can be established within TSS.

Transportation Services
2nd Floor
6363 Main Street
Williamsville, NY 14221



National Fuel

SUPPLIER ACKNOWLEDGMENT FORM

*NATIONAL FUEL GAS DISTRIBUTION CORPORATION
(NFGDC)*

Applicable to NY and PA Divisions

I am a principal, authorized agent or representative (Agent) of the marketer/ESCO/NGS identified below. Said marketer/ESCO/NGS is a "Supplier" as defined in NFGDC's tariff which is available on NFGDC's web site at www.natfuel.com or at any Consumer Business office. On behalf of Supplier, I have reviewed and understand the provisions of NFGDC's tariff relevant to Supplier's interaction with NFGDC, including but not limited to the city gate balancing services, rules and regulations. I understand that Supplier must pay all applicable penalties and charges incurred for city gate imbalances resulting from Supplier's nominations and deliveries. I also understand that failure to comply with these rules and regulations may result in disqualification of Supplier status and rejection of future nominations. By my signature below, the promises and understandings I have made herein shall be binding on Supplier, its successors and assigns.

AGENT

By:

PRINT NAME OF SUPPLIER

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE (OFFICER/MEMBER LEVEL)

NOTARIZED BY

FOR TRANSPORTATION SERVICES USE ONLY

Appvd. By _____ Date _____