

**National Fuel Gas Distribution Corporation (NFGDC)
Customer Application for Daily Metered Transportation Service – Pennsylvania Only**

Please indicate the NFGDC Account # (RBA) for the location(s) to which you wish to transport: _____

Duns No.: _____

Has this account transported with NFGDC before? YES _____ NO _____

Customer Name (please include complete business name): _____

Person in your organization we should contact regarding Transportation Service issues: _____

Contact Person's Title: _____

Contact Person's Telephone Number: (____) - ____ - _____; Fax (____) - ____ - _____

Customer's Billing Address: _____
No. Street Name City State Zip Code

Contact Person's Mailing Address: _____
No. Street Name City State Zip Code

Customer's Service Address: _____
No. Street Name City State Zip Code

Customer's Corporate (headquarters) Address: _____
No. Street Name City State Zip Code

State of Incorporation: _____

Is the Customer listed above at the Service Address shown a {circle one only}:

- | | | | |
|---------------------------|------------------------|-------------------------|---------------------|
| CHURCH | LIMITED PARTNERSHIP | NON-PROFIT ORGANIZATION | SOLE PROPRIETORSHIP |
| CORPORATION | MUNICIPAL AUTHORITY | PARTNERSHIP | STATE/FEDERAL |
| GENERAL PARTNERSHIP | MUNICIPALITY | SCHOOL | ORGANIZATION |
| LIMITED LIABILITY COMPANY | NON-PROFIT CORPORATION | SCHOOL DISTRICT | |

Name of your licensed Gas Supplier/Marketer(s): _____

Please indicate to whom NFGDC should release your billing/consumption history:

_____	_____	_____	_____
Name	Title	Company	Fax Number

In which month do you wish to begin Daily Metered Transportation Service with NFGDC? _____

End Use(s) of gas at the Service Address shown above: _____

Is the Customer listed above at the Service Address shown above {circle all that apply}:

- | | | |
|----------------------------|----------------|----------------|
| APARTMENT BLDG. OR COMPLEX | HOSPITAL | JAIL OR PRISON |
| DORMITORY | HOTEL OR MOTEL | NURSING HOME |

OR if any other place where persons permanently or temporarily reside, please describe: _____

Signature of Contact Person listed above: _____

Date of this Application: _____

FOR NFGDC USE ONLY:		
NFGDC Energy Services Rep _____	NAIC CODE _____	Customer S.I.C. Code _____
Customer Sales Service Class _____	Standby Service Nomination (Monthly) _____	
Transportation Service Class _____	Is this customer "Priority One"? (Y or N) _____	
Revenue Class _____	If YES, is there adequate alternate fuel installed? (Y or N) _____	
Maximum Daily Quantity _____ MCF	Send Alternate Fuel Affidavit? (Y or N) _____	
Annual Consumption in MCF (most recent 12 months) _____	Send Standby or PSB Agreement? (Y or N) _____	