

NY AGGREGATION AND CREDIT APPLICATION

Date:

Rec by:

Name of Business:	
Address:	
Billing/Mailing Address:	
Contact Person:	
Telephone #:	FAX #:
If a subsidiary, list parent company name & headquarters address	
Name: _____	
Address: _____	
Type of Business:	DUNS # _____
Corporation	Date & State of Incorporation _____
Limited Liability Company	Partnership
Sole Proprietorship	Limited Partnership
School or School District	Municipal Entity
Church or Religious Institution	Municipal Agency
Not-for-Profit Organization	Municipality

**OFFICERS / PRINCIPALS OF BUSINESS APPLICANT**

Name:	Title:
Home Address:	
Name:	Title:
Home Address:	
Name:	Title:
Home Address:	

<p>Type of Aggregation Service Requested:</p> <p style="padding-left: 40px;">Please check all that are requested:</p> <p style="padding-left: 40px;">Supplier Transportation, Balancing and Aggregation (STBA)</p> <p style="padding-left: 40px;">Please check which billing models will be used:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Single Retailer (Marketer Consolidated Billing)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Choice (Utility Consolidated Billing) – Requires a separate Billing Service Agreement</p> <p style="padding-left: 40px;"><input type="checkbox"/> Dual (Both Utility and Marketer Bill separately)</p> <p style="padding-left: 40px;">Daily Metered Transportation Aggregation (DMT)</p>
--

**ADDITIONAL APPLICANT INFORMATION:**

1. Does your company currently purchase gas or transportation services from National Fuel Gas Distribution Corporation (NFGDC)? ____ yes ____ no
2. If "yes", please enter your NFGDC account number from a recent bill: _____.
3. Have you acted as a pool agent for any transportation gas pool on National Fuel Gas Distribution Corporation's system any time in the last twelve (12) months? ____ yes ____ no
4. If applicable, when do you wish to initiate services as a Supplier Transportation, Balancing and Aggregator? _____ 20 ____.
5. If applicable, when do you wish to initiate services as a Daily Metered Transportation Aggregator? _____ 20 ____.
6. As a participant in NFGDC's STBA program, you are required to have upstream capacity on the major interstate pipeline systems. Are you an "approved bidder" or do you have an "approved agent" on National Fuel Gas Supply Corporation's and other major interstate pipeline systems? ____ yes ____ no

**BANK REFERENCES:**

Bank:	Phone #:
Address & Branch	
Bank:	Phone #:
Address & Branch	

**ADDITIONAL CREDIT / TRADE REFERENCES:**

Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

The undersigned hereby authorizes National Fuel Gas Distribution Corporation to make whatever credit inquiries it deems necessary in order to process this credit application; regarding any credit review or the collection of any debts accrued as a result of any credit extended as a result of their reliance on the information provided on or obtained from credit references given on this application. In addition, the undersigned hereby authorizes and instructs any person or credit reporting agency to compile and furnish National Fuel Gas Distribution Corporation any information it may have or may find necessary to obtain in response to requested credit inquiries. The undersigned further asserts that they have the authority to grant the permission to relinquish the requested information.

\_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date