

**NATIONAL FUEL GAS DISTRIBUTION CORPORATION****MONTHLY METERED NATURAL GAS SUPPLIER (MMNGS) APPLICATION AND CREDIT APPLICATION****COMPLETION INSTRUCTIONS**

Applications for MMNGS service must be received at the address shown below at least 30 days prior to the first calendar day of the desired start month.

1. Complete entire application, filling in all spaces. If unclear on any part of this MMNGS Application, call (716) 857-7775 for assistance.
2. Attach a listing of all NFGDC end-users which would be in the MMNGS Group – include each end-user's complete business name and NFGDC account number.
3. Include your \$500 non-refundable application fee.
4. Mail or fax the completed MMNGS Application and End-User Listing to:

*National Fuel Gas Distribution Corporation  
Steven Kawalerski  
Credit & Receivables Management  
6363 Main St  
Williamsville, NY 14221  
Fax #: (716) 857-7479*

Upon receipt of your completed MMNGS Application and End-User list, we will advise the amount of security deposit required and provide you with Agreements to sign and return.

**NATIONAL FUEL GAS DISTRIBUTION CORPORATION**MONTHLY METERED NATURAL GAS SUPPLIER ("MMNGS") APPLICATION  
AND CREDIT APPLICATION

Appl. Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Rec'd. by: \_\_\_\_\_

Name of Business:

Address:

Billing/Mailing Address:

Contact Person:

Telephone #:

If a subsidiary, list parent company name &amp; headquarters address:

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

Address: \_\_\_\_\_

Type of Business:

- |  |  |
|--|--|
| <input type="checkbox"/> Corporation                     | Date & State of Inc. _____                   |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Sole Proprietorship             | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> School or School District       | <input type="checkbox"/> Municipal Entity    |
| <input type="checkbox"/> Church or Religious Institution | <input type="checkbox"/> Municipal Agency    |
| <input type="checkbox"/> Not-for-Profit Organization     | <input type="checkbox"/> Municipality        |

## OFFICERS / PRINCIPALS OF BUSINESS APPLICANT

Name:

Title:

Home Address:

Name:

Title:

Home Address:

Name:

Title:

Home Address:

## ADDITIONAL APPLICANT INFORMATION:

Does your company currently purchase gas or transportation services from National Fuel Gas Distribution Corporation (NFGDC)? \_\_\_\_ yes \_\_\_\_ no

If "yes", please enter your NFGDC account number from a recent bill: \_\_\_\_\_

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

When do you wish to initiate services as a Monthly Metered Natural Gas Supplier?

\_\_\_\_\_ 20 \_\_\_\_

Do you elect to have NFGDC bill gas supply charges to your Monthly Metered Transportation Customers?  
\_\_\_\_ 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:	

**Remember to include your \$500 non-refundable application fee. Your application will not be processed until this fee is received.**

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
_____	_____	_____
Signature	Title	Date

Fax or mail this application, along with customer listing (business name and NFGDC Account Number) to:

*National Fuel Gas Distribution Corporation*  
*Steven Kawalerski*  
*Credit & Receivables Management*  
*6363 Main St*  
*Williamsville, NY 14221*  
*Fax #: (716) 857-7479*