

SYSTEM-WIDE SUPPLIER CHOICE APPLICATION

National Fuel Gas Distribution Corporation's Program for Small Volume Natural Gas Customers.

Name of Business: _____	DUNS #.
Address:	
Billing/Mailing Address:	
Contact Person:	
Telephone #: _____	FAX #: _____
E-Mail Address:	
<i>If a subsidiary, list parent company name & headquarters address</i>	
Name: _____	
Address:	

CREDIT INFORMATION REQUIREMENTS:

Please send with this application the following documents regarding your company:

- ✓ Most recent annual reports.
- ✓ Most recent SEC 10-K.
- ✓ Most recent financial audited statements. If audited re not available the applicant will advise that audited are not available therefore unaudited statements are being provided.

ADDITIONAL APPLICANT INFORMATION:

Description of ability and experience that will allow you to meet the gas supply needs for your projected number of customers (not to be less than 50, or a group of customers whose volumes total at least 5,000 Mcf on an annual basis) on National Fuel Gas Distribution’s system. (Continue on additional page, if necessary.)

Description of ability and experience for managing transportation/storage capacity in order to make deliveries to your projected number of customers on National Fuel Gas Distribution's system. (Continue on additional page, if necessary.)

Please include a list of upstream pipeline contracts that you currently manage.

There are two (2) billing choices available for your customers. Please choose one of the following:

- 1. We will bill our customers for gas supply charges while National Fuel Gas Distribution Corporation will bill my customers for transportation charges.

- 2. We would like National Fuel Gas Distribution Corporation to provide a single bill to our customers for both their gas supply service charges and transportation charges.

If you choose No. 1 above, please include a description of your internal/external means or plans to meet the billing needs of your projected number of residential customers. (Continue on additional page, if necessary.) Please provide a sample of your proposed customer bill.

Please provide a description of your means or plans to be able to respond to customer complaints and/or disputes. (Continue on additional page, if necessary.)

Please include a copy of your intended pro forma contract for your prospective customers (minus confidential pricing provisions) demonstrating inclusion of the consumer protection requirements set in Section K of Rate Schedule SATS (attached hereto).

Licensed in Pennsylvania? _____ Yes _____ No

If yes, please provide licensing documentation. Documentation should include licensed date, utility service area, customer mix, and type of service.

A nonrefundable \$500 fee, made payable to “National Fuel Gas Distribution Corporation”, must accompany this form in order to be considered for a supplier position in National Fuel Gas Distribution’s “System-Wide Supplier Choice” program.

Supplier Attestation

I represent that all of the statements made in response to the questions herein are accurate and complete to the best of my knowledge.

X _____
Supplier Signature

Date

Printed Name