



Upstream Agency Consent Form and Affidavit

This form is used for situations where an entity elects to accept released capacity from NFGDC, and wishes to designate a qualified Shipper to act as the entity's Agent for the capacity. The NFGDC capacity can then be released to the Agent. This form must be signed by an officer and/or managing partner of both the Agent and the Shipper and the original mailed to:

National Fuel Gas Distribution Corporation
Transportation Services Department
2nd Floor
6363 Main Street
Williamsville, NY 14221



National Fuel
TRANSPORTATION SCHEDULING SYSTEM (TSS)

Upstream Agency Consent Form and Affidavit (“Upstream Agency Arrangement”)

_____, (hereinafter referred to as ‘Upstream Agent’), hereby consents to act as Upstream Agent for _____, (hereinafter referred to as ‘Supplier’) and agrees to accept and maintain Supplier’s capacity releases or assignments from National Fuel Gas Distribution Corporation (‘NFGDC’) beginning ___/___/___ and continuing on a calendar month-to-calendar month basis. NFGDC will accept the Upstream Agency Arrangement for processing capacity releases or assignments and continuing so long as Supplier’s STBA Agreement is effective, or until terminated by either party upon 15 days written notice to NFGDC or no longer acceptable to NFGDC upon 15 days notice to Upstream Agent and Supplier. Upstream Agent will become the customer of record of the applicable upstream Transportation Service Provider and assumes Supplier’s upstream transportation (including storage) management and city gate delivery responsibilities under SC 19. Further, Upstream Agent warrants that it is contractually obligated to provide gas supply sufficient to meet the Supplier’s ADDQ.

Agent: _____
Signature: _____
Name: _____
Title (Officer Level): _____
Phone Number: _____

_____, as Supplier, appoints Upstream Agent to obtain capacity releases on behalf of Supplier as provided herein. NFGDC may invoice Upstream Agent on behalf of the Supplier for charges incurred pursuant to this Upstream Agency Arrangement; however, Supplier remains ultimately responsible for payment. If Upstream Agent does not comply with tariff, NFGDC may, at its discretion, no longer accept this Upstream Agency Arrangement.

Supplier: _____
Signature: _____
Name: _____
Title (Officer Level): _____
Phone Number: _____
Aggregation Group #: _____

Mail completed form to: **National Fuel Gas Distribution Corporation**
Transportation Services Department
6363 Main Street
Williamsville, NY 14221

FOR TRANSPORTATION SERVICES DEPT. USE ONLY	
Appvd. By _____	Date _____