National Fuel® Empire Pipeline

INTERRUPTIBLE SERVICE DISCOUNT REQUEST FORM

Please note that upon approval, this form will constitute formal documentation of the discount and become an amendment to the Service Agreement

Shipper Name: _____   Telephone Number: _____

Representative Name: _____   Fax Number: _____

Address: _____   Email Address: _____

Shipper Signature: _____   Service Agreement Number(s): _____

Date(s) For Which Discount is Requested: _____

Receipt Point:

    Meter Name: _____   Discount Quantity: _____ Dth/day

    Meter Number: _____   Requested Rate:

        Base Rate: _____ (format \$0.0000/dth)

Delivery Point:

    Meter Name: _____   ACA: \$0.0014

        EPCR[1]: _____ (if applicable)

    Meter Number: _____   Fuel: ____ . ____ %   (format 0.0%; non-discountable)

(1) EPCR Unit Rate will apply to IT quantities scheduled for receipt or delivery on the Empire Connector.

Please describe the costs of alternative options to shipping on Empire, including gas cost and transportation costs, where applicable:

Cost Components	Using Empire	Competition	Comments / Justification
Commodity Cost:	\$ ___ . ___	\$ ___ . ___	
Upstream Pipeline			
Total Rate:	\$ ___ . ___	\$ ___ . ___	
Fuel:	___ %	___ %	
Empire			
Total Rate:	\$ ___ . ___	\$ ___ . ___	
Fuel:	___ %	___ %	
Downstream Pipeline			
Total Rate:	\$ ___ . ___	\$ ___ . ___	
Fuel:	___ %	___ %	
Market Price	\$ ___ . ___	\$ ___ . ___	

For Office Use Only

Approved: Y   N   Entered by: _____   Approved Base Rate: \$ _____

Approved by: _____   Date Entered: _____   Approved ACA Rate: \$ 0.0014

Date Approved: _____   Cust. Notified: _____   Approved EPCR Rate: \$ _____

    Approved Fuel Rate: \$ ____ . ____ %

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