

**SERVICE REQUEST FORM**

Empire Pipeline, Inc.  
6363 Main Street  
Williamsville, New York 14221  
Email: [marketing@natfuel.com](mailto:marketing@natfuel.com)  
**Phone: (716) 857-7485 / Fax: (716) 857-7648**

1. Please provide information about your Company:

\_\_\_\_\_  
Complete Legal Name of "Shipper"

hereby requests service from Empire Pipeline, Inc. ("Empire") and consequently provides the following information in connection with this request:

\_\_\_\_\_  
Type of Legal Entity

\_\_\_\_\_  
State of Incorporation or Organization

DUNS#    \_ \_ - \_ \_ - \_ \_

2. Please provide contact information for Business correspondence:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip Code

(     )                      -                      /                      (     )                      -

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Fax #

Please provide contact information for Invoicing purposes (if different from above):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip Code

(     )                      -                      /                      (     )                      -

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Fax #

3. Please indicate Service Type(s):

**Firm Transportation Service**

☐ FT Firm Transportation

☐ FTNN Firm Transportation No-Notice

**Firm Storage Service**

☐ FSNN Firm Storage No-Notice

**Interruptible Services**

☐ IT Interruptible Transportation

☐ ISS Interruptible Transportation

**Other Forms of Agreement**

☐ Master Release Contract (Pre-Approved Bidder Status)

☐ Title Transfer Tracking Service

Empire Pipeline, Inc.SERVICE REQUEST FORM

## 4. Please check one

☐ New Service☐ Modification of Existing Service – Please Describe Below:

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## 5. Please provide Service Term information:

**A.** Date service is proposed to commence: \_\_\_\_\_

Term of Service: \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s)

**For Master Release Shippers Only:****B.** Maximum Daily Transportation Quantity to be acquired via release: \_\_\_\_\_ Dth.

Maximum Storage Capacity to be required via release: \_\_\_\_\_ Dth.

## 6. Are new facilities required to provide the service requested herein? If yes, please describe. If new facilities are required at the requested delivery point and such point will deliver gas to an end user or plant, please include the name(s) of the local distribution company (ies) serving the community in which the delivery point is located:

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## 7. Please provide appropriate data:

The requested maximum daily quantity to be transported is \_\_\_\_\_ Dth.

The requested maximum daily quantity to be injected into storage is \_\_\_\_\_ Dth.<sup>(1)</sup>The requested maximum daily quantity to be withdrawn from storage is \_\_\_\_\_ Dth.<sup>(1)</sup>

The requested maximum storage quantity is \_\_\_\_\_ Dth.

<sup>(1)</sup> Please note, for FSNN service, the maximum daily quantity injected into storage and the maximum daily quantity withdrawn from storage must be 1/120 and 1/60 of the maximum storage quantity, respectively.

## 8. Please indicate receipt point(s) into Empire's system to be delivered to by shipper, along with the associated MDTQ and MDITQ/MDWTQ (if applicable):

**Firm Transportation Service**

FT: \_\_\_\_\_

MDTQ: \_\_\_\_\_

FTNN: \_\_\_\_\_

MDTQ: \_\_\_\_\_

MDITQ: \_\_\_\_\_

MDWTQ: \_\_\_\_\_

**Firm Storage Service:** FSNN**Interruptible Services**

IT: All System Points

ISS

Empire Pipeline, Inc.SERVICE REQUEST FORM

9. Please indicate the delivery point(s) where Empire will deliver the gas for Shipper, along with the associated MDTQ and MDITQ/MDWTQ (if applicable):

**Firm Transportation Service**

FT: \_\_\_\_\_

MDTQ: \_\_\_\_\_

FTNN: \_\_\_\_\_

MDTQ: \_\_\_\_\_

MDITQ: \_\_\_\_\_

MDWTQ: \_\_\_\_\_

**Firm Storage Service:** FSNN**Interruptible Services**

IT: All System Points

ISS

10. Credit evaluation information will be requested. Unless Shipper checks the box below, Shipper authorizes Empire to share Shipper's information with personnel of Empire's regulated affiliates in National Fuel Gas Company's ("NFGC") regulated companies Credit Department for the purpose of evaluating Shipper's request for service. Upon evaluation of Shipper's credit status, Empire may require security in the form of prepayment or good and sufficient security as reasonably determined by Empire.

☐ Do not share credit information with NFGC's regulated companies Credit Department

Shipper has provided Empire with a copy of its most recent audited financial information, annual report, Form 10K, or a copy of the most recent Federal income tax return and a complete list of its parent, subsidiary companies, and affiliates. Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" or if above financial statements do not meet Empire's credit worthiness standards, Shipper agrees to provide an alternative demonstration of credit worthiness.

Contact for credit purposes:

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Shipper should provide the names and e-mail addresses of up to two representatives authorized to receive notices regarding its creditworthiness.

Empire's contact is the Credit, Collections and Receivables Management Department at CCRM@natfuel.com.

11. Regulatory Contact Information: Please provide a name and e-mail address to receive service of tariff filings. Shipper must provide an email address to receive service of tariff filings.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

12. Shipper certifies that all necessary upstream and downstream arrangements will be in place on the date service is to commence, and that Shipper will have good title or the good right to deliver the gas to be delivered to Empire. **Please initial:** \_\_\_\_\_

13. Shipper agrees to pay Empire's currently effective rate applicable to this service unless otherwise agreed upon. **Please initial:** \_\_\_\_\_

Empire Pipeline, Inc.

SERVICE REQUEST FORM

14. If Shipper is requesting service under Section 311(a) of the NGPA, please attach a statement demonstrating Shipper's eligibility for service. **Please initial if Yes:** \_\_\_\_\_

15. Service Request submitted by:

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

16. Please return via fax, email, or mail to:

Empire Pipeline, Inc.  
6363 Main Street, 1<sup>st</sup> Floor  
Williamsville, New York 14221  
Email: [marketing@natfuel.com](mailto:marketing@natfuel.com)  
Fax No. (716) 857-7648  
Attention: Empire Contract Administration Department