



SERVICE REQUEST FORM

Empire Pipeline, Inc.
6363 Main Street
Williamsville, New York 14221
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

4. Please check one

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

5. Please provide Service Term information:

A. Date service is proposed to commence: _____

Term of Service: _____ Year(s) _____ Month(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:

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.⁽¹⁾

The requested maximum daily quantity to be withdrawn from storage is _____ Dth.⁽¹⁾

The requested maximum storage quantity is _____ Dth.

(1) Please note, for FSNN service, the maximum daily quantity injected into storage and the maximum daily quantity withdrawn from storage must be 1/120 and 1/60 of the maximum storage quantity, respectively.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

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 CCRMEmpire@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:** _____

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 or mail to:

Empire Pipeline, Inc.
6363 Main Street, 1st Floor
Williamsville, New York 14221
Fax No. (716) 857-7648
Attention: Empire Contract Administration Department