NATIONAL FUEL GAS DISTRIBUTION CORPORATION

MONTHLY METERED NATURAL GAS SUPPLIER (MMNGS) APPLICATION AND CREDIT APPLICATION

COMPLETION INSTRUCTIONS

Applications for MMNGS service must be received at the address shown below at least 30 days prior to the first calendar day of the desired start month.

- 1. Complete entire application, filling in all spaces. If unclear on any part of this MMNGS Application, call (716) 857-7538 for assistance.
- 2. Attach a listing of all NFGDC end-users which would be in the MMNGS Group include each end-user's complete business name and NFGDC account number.
- 3. Include your \$500 non-refundable application fee.
- 4. Mail or fax the completed MMNGS Application and End-User Listing to:

National Fuel Gas Distribution Corporation
Penny Donaldson
Credit & Receivables Management
6363 Main St
Williamsville, NY 14221
Fax #: (716) 857-7439

Upon receipt of your completed MMNGS Application and End-User list, we will advise the amount of security deposit required and provide you with Agreements to sign and return.

NATIONAL FUEL GAS DISTRIBUTION CORPORATION

MONTHLY METERED NATURAL GAS SUPPLIER ("MMNGS") APPLICATION AND CREDIT APPLICATION

Appl, I	Date: Account #:		_Rec'd. by:			
Name o	of Business:					
Addres	SS;					
Billing	/Mailing Address:	:				
Contact Person: Telephone #:						
If a subsidiary, list parent company name & headquarters address:						
Name: Addres	36:					
турео	Type of Business: Corporation Date & State of Inc					
	Limited Liability Company		Partnership			
	Sole Proprietorship		Limited Partnership			
	School or School District		Municipal Entity			
	Church or Religious Institution		Municipal Agency			
	Not-for-Profit Organization		Municipality			
OFFIC	ERS / PRINCIPALS OF BUSINESS	APPLICANT				
Name: Title:						
Home	Address:					
Name: Title:						
Home Address:						
Name: Title:						
Home Address:						
ADDITIONAL APPLICANT INFORMATION:						
Does your company currently purchase gas or transportation services from National Fuel Gas Distribution Corporation (NFGDC)?						
If "yes", please enter your NFGDC account number from a recent bill:						
Have you acted as a pool agent for any transportation gas pool on National Fuel Gas Distribution Corporation's system any time in the last twelve (12) months? no						
When do you wish to initiate services as a Monthly Metered Natural Gas Supplier?						
Do you elect to have NFGDC bill gas supply charges to your Monthly Metered Transportation Customers?						

BANK REFERENCES:			
Bank:	Phone #:	,	
Address & Branch			
Bank:	Phone #:		<u>,,,</u>
Address & Branch			
ADDITIONAL CREDIT / TRADE REFERENCE	S:		
Name:	Phone #:		
Address:	<u> </u>		
Name:	Phone #:		
Address:			
Name:	Phone #:		
Address:			
Remember to include your \$500 non-refunda processed until this fee is received.	able application fee. You	r application w	ill not be
The undersigned hereby authorizes National Fu	uel Gas Distribution Corpo	oration to make	whatever
credit inquiries it deems necessary in order to p	rocess this credit applicati	on; regarding at	ny credit
review or the collection of any debts accrued as	a result of any credit exte	nded as a result	of their
reliance on the information provided on or obta	ained from credit reference	es given on this a	application
In addition, the undersigned hereby authorizes	and instructs any person	or credit reporti	ng agency
to compile and furnish National Fuel Gas Distri	ibution Corporation any ir	nformation it ma	y have or
may find necessary to obtain in response to req	uested credit inquiries. Th	ne undersigned i	further
asserts that they have the authority to grant the	permission to relinquish	the requested in	formation.
Signature	Title	Date	
Signature	Title	Date	

Fax or mail this application, along with customer listing (business name $\underline{\text{and}}$ NFGDC Account Number) to:

National Fuel Gas Distribution Corporation
Penny Donaldson
Credit & Receivables Management
6363 Main St
Williamsville, NY 14221
Fax #: (716) 857-7439