

NATIONAL FUEL GAS DISTRIBUTION OF OHIO, LLC (National Fuel) Choice Supplier Registration Form and Credit Application

Please forward this completed and signed Supplier Registration Form and Credit Application to the following address:

National Fuel Gas Distribution of Ohio, LLC ATTN: Gas Supply Administration Transportation Services 6363 Main Street Williamsville, NY 14221 TSOhio@natfuel.com	For Internal Use Only Date Application Received
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Please provide the following information. Partial or incomplete applications may result in delays in processing or denial.

1. Applicant's Full Legal Name: _____
2. d/b/a Name of Applicant (if applicable): _____
3. Provide Articles of Incorporation for Applicant or d/b/a of Applicant _____
4. Legal form of Entity: (Please check one) Corporation ☐ Limited Liability Company ☐ Partnership ☐
Sole Proprietorship ☐ Other ☐ (please specify) _____
State of Incorporation or organization: _____
5. Number of years Applicant has been operating: _____
6. Application Coordinator (Who is the primary contact for questions related to the Application)
First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____
7. Credit or Financial Contact Person
First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

8. Nominations Contact Person

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

Secondary Nominations

Contact Person's Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
After Hours Telephone _____
Facsimile _____

9. Capacity is being released to Applicant: ☐ Yes or ☐ No (Must indicate one)

If no, National Fuel's Tri-Party Capacity Release Agreement must be submitted with this application:

a. Person(s) Accepting Capacity Releases:

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

10. Ohio Competitive Retail Natural Gas Marketer Certificate:

Case No(s) _____
Effective Dates _____

Valid CRNG Certificate must be submitted with the registration.

11. Applicant Financial Information

- A. If the Applicant is a partially or wholly owned subsidiary, identify the percentages of ownership, Legal Names and States of Incorporation for all Parent Companies

- B. If the Parent Company or Companies identified in "10A" are providing credit support for the Applicant (e.g., a Parental Guaranty), please provide the full legal name of the Parent Company.

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- C. Attach valid and current copies of the Applicant's senior unsecured and/or issuer ratings (or the Applicant's Parent's as applicable) as assigned by Standard & Poor's Corp., Moody's Investors Service, and/or Fitch ratings.

- D. Available Lines of Credit and Bank Facilities.

Type of Credit Line or Facility	Name of Credit Provider
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Capacity Amount	Outstanding Amount	Expiration date of Instrument
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Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount
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Type of Credit Line or Facility	Name of Credit Provider
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Capacity Amount	Outstanding Amount	Expiration date of Instrument
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Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount
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Please list all financial covenants if applicable.

Type of Credit Line or Facility	Name of Credit Provider
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Capacity Amount	Outstanding Amount	Expiration date of Instrument
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Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount
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Please list all financial covenants if applicable.

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Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount
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- E. Attach copy of most recent audited financial statements with notes containing management's discussion and analysis for the prior two years for Applicant and/or Guarantor(s) if applicable. If the Applicant and/or Guarantor(s) have SEC filings (10Q, 10K), please check box below and submission of SEC filings will not be required.

☐ Applicant and/or Guarantor(s) financial information can be obtained from SEC filings

F. Attach a description of obligations and amount of claims on related cash flow during the next 2 years, including but not limited to: margin requirements and rating triggers, off balance sheet financing obligations and/or joint venture funding requirements.

G. List the Creditors that currently hold a secured interest in the company's Accounts Receivables:

Name of Creditor(s)	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Supplier's DUNS No. (9 digit + 4 optional) _____

13. Eligible Customer List Election (Must Choose One)

- ☐ No Customer list
☐ Annual Option (\$.08 for each name on the initial list and 3 free quarterly updates)
☐ On-Demand List Option (\$.05 for each name on the list, lists are updated quarterly)

Eligible customer lists provided by National Fuel contains the following:

- Customer Name
- Service Address
- Mailing Address
- Budget Bill Indicator
- Meter Reading Cycle Number
- Consumption History for previous 12 months

Exclusions:

- Active PIPP (Percentage of Income Payment Plan) Customers
- Customers with past due balances that have not entered into a payment arrangement
- Customer that have requested to be excluded
- Customer that consume >150,000 Ccf annually
- Customers already enrolled in Choice
- Customers' telephone numbers will not be provided to Suppliers to protect our customers' privacy.

14. Pooling Intentions (Must Choose One)

- ☐ All Mercantile and Non-Mercantile customers should be combined into one pool.
☐ Mercantile Only
☐ Non-Mercantile Only

15. Address to receive monthly Supplier statement:

First and Last Name _____
Title _____
Address _____
City, State, Zip Code _____
E-mail Address _____
Telephone _____
Facsimile _____

16. Supplier contact information to be presented on customers' bills and National Fuel's website:

Company Name _____

Address _____
City, State, Zip Code _____
E-mail Address _____
Website Address _____
Telephone _____
Facsimile _____

17. Billing Option (Must choose one)

- ☐ Consolidated Billing (National Fuel bills Choice Supplier charges on behalf of Choice Supplier)
☐ Dual Billing (Choice Supplier bills Choice Supplier charges)

Representations:

I certify that the information submitted as a part of this application is accurate and that the individual signing the Choice Program Agreement has the capacity to enter into the contract on behalf of the Applicant. I also certify that the Applicant:

- a) is not operating under any chapter of the bankruptcy laws and is not subject to liquidation or debt reduction procedures under state laws, such as an assignment for the benefit of creditors, or any informal creditors' committee agreement;
- b) is not aware of any change in business conditions, which could cause a substantial deterioration in its financial condition, a condition of insolvency, or the inability to exist as an ongoing business entity;
- c) has no collection lawsuits or judgments outstanding which would materially affect the Applicant's ability to remain solvent;
- d) is not subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Applicant's and or Parent's financial condition;
- e) is not currently in default, nor has defaulted in the previous 24 months as a supplier on any other LDC system;
- f) herein authorizes National Fuel Gas Distribution of Ohio, LLC, to obtain any information that may be required relative to this application from any source, including the Applicant's financial and trade references; and
- g) has a phone line and computer available to access National Fuel's Extranet (EBB).

Applicant herein authorizes National Fuel Gas Distribution of Ohio, LLC to obtain any information it may require relevant to its review of this application, from any source including the Applicant's financial and trade references listed herein.

Applicant further acknowledges its continuing duty to update the information provided in this Application, when requested to do so by National Fuel.

The undersigned acknowledges that the information presented on this Application is true and accurate to his/her best knowledge and that this person has the authority to complete this Application.

Printed Name and Title

Signature

Date

STATE OF _____)
_____) SS:
COUNTY OF _____)

Before me, the undersigned, a Notary Public, within and for said County and State, came
_____ (Applicant's name), a _____ (type of entity) organized and existing
under the laws of the State of _____, by _____ (name of person
signing), its _____ (title of person signing), who as such _____ (title of
person signing), for and on behalf of said Applicant, acknowledged the execution of the foregoing instrument.

WITNESS my hand and Notarial Seal, this _____ day of _____, 20__ .

I reside in _____ County, _____ Notary Public
State of _____, and my commission
expires: _____

(Printed)