



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: \$0.0011
 EPCR⁽¹⁾: _____ (if applicable)
 Meter Number: _____ Fuel: _____ % non-discountable
 (format 0.0%;

(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: \$ 0.0011
 Date Approved: _____ Cust. Notified: _____ Approved EPCR Rate: \$ _____
 Approved Fuel Rate: \$ _____ . _____ %

Daily Capacity Desk Fax: 716/857.7648 Phone: 716/857.7924