

# SYSTEM-WIDE SUPPLIER CHOICE APPLICATION

National Fuel Gas Distribution Corporation's Program for Small Volume Natural Gas Customers.

Name of Business: _____	
Address: _____	
Billing/Mailing Address: _____	
Contact Person: _____	
Telephone #: _____	FAX #: _____
E-Mail Address: _____	
<i>If a subsidiary, list parent company name &amp; headquarters address</i>	
Name: _____	
Address: _____	

## CREDIT INFORMATION REQUIREMENTS:

Please send with this application the following documents regarding your company:

- ✓ Most recent annual reports.
- ✓ Most recent SEC 10-K.
- ✓ Most recent financial statements (audited or unaudited).

## ADDITIONAL APPLICANT INFORMATION:

Description of ability and experience that will allow you to meet the gas supply needs for your projected number of customers (not to be less than 50, or a group of customers whose volumes total at least 5,000 Mcf on an annual basis) on National Fuel Gas Distribution's system. (Continue on additional page, if necessary.)

---

---

---

---

---

---

---

Description of ability and experience for managing transportation/storage capacity in order to make deliveries to your projected number of customers on National Fuel Gas Distribution's system. (Continue on additional page, if necessary.)

Please include a list of upstream pipeline contracts that you currently manage.

---

---

---

---

---

---

---

---

There are two (2) billing choices available for your customers. Please choose one of the following:

- 1. We will bill our customers for gas supply charges while National Fuel Gas Distribution Corporation will bill my customers for transportation charges.
- 2. We would like National Fuel Gas Distribution Corporation to provide a single bill to our customers for both their gas supply service charges and transportation charges.

If you choose No. 1 above, please include a description of your internal/external means or plans to meet the billing needs of your projected number of residential customers. (Continue on additional page, if necessary.) Please provide a sample of your proposed customer bill.

---

---

---

---

---

---

---

---

Please provide a description of your means or plans to be able to respond to customer complaints and/or disputes. (Continue on additional page, if necessary.)

---

---

---

---

---

---

---

---

Please include a copy of your intended pro forma contract for your prospective customers (minus confidential pricing provisions) demonstrating inclusion of the consumer protection requirements set in Section K of Rate Schedule SATS (attached hereto).

Licensed in Pennsylvania? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide licensing documentation. Documentation should include licensed date, utility service area, customer mix, and type of service.

**A nonrefundable \$500 fee, made payable to “National Fuel Gas Distribution Corporation”, must accompany this form in order to be considered for a supplier position in National Fuel Gas Distribution’s “System-Wide Supplier Choice” program.**

**Supplier Attestation**

I represent that all of the statements made in response to the questions herein are accurate and complete to the best of my knowledge.

X \_\_\_\_\_  
Supplier Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name