

Interstate Marketing Department
6363 Main Street
Williamsville, New York 14221
Phone: (716) 857-7485 / Fax: (716) 857-7310

1. Please provide information about your Company:

hereby requests service from National Fuel Gas Supply Corporation ("National") and consequently provides the following information in connection with this request:

State of Incorporation or Organization

DUNS# _____ - _____ - _____

Name _____

State & Zip Code

()

/ ()

Telephone #

Fax #

Name _____

State & Zip Code

()

/ (

Telephone #

Fax #

- ☐ EFT Enhanced Firm Transportation
- ☐ FST Firm Storage Transportation

Interruptible Services

- ☐ IAS Interruptible Advance Service
☐ IT Interruptible Transportation
☐ ISS Interruptible Storage

MPPA Service

- (initial pool selections)
☐ Aliquippa
☐ New Castle
☐ Oswayo
☐ Ridgway
☐ Sweden
☐ Wales

Hub Services

- ☐ IR-1 Imbalance Resolution
☐ IR-2 Imbalance Resolution
☐ W-1 Wheeling
☐ P-1 Parking
☐ P-2 Parking

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 Quantity to be acquired via release: _____ Dth.

Maximum Storage Capacity to be acquired 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 a plant or other end user, 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 maximum daily quantity to be transported is _____ Dth.

The maximum daily quantity to be injected into storage is _____ Dth.

The maximum daily quantity to be withdrawn from storage is _____ Dth.

The total capacity in storage is _____ Dth.

The total maximum advance quantity is _____ Dth.

The total maximum daily aggregation quantity is _____ Dth.

8. Name and description of receipt point(s) into National's system to be delivered by Shipper:

Firm Transportation Service

FT EFT FST

Firm Storage Service

FSS : NFSTOR

ESS : NFSTOR

Interruptible Services

IAS : All System Points
 IT : All System Points
 ISS : NFISS

Hub Services

IR-1 : Hub Points P-1 : Hub Points
 IR-2 : Hub Points P-2 : Hub Points
 W-1 : Hub Points

9. Name and description of delivery point(s) where National will deliver the gas for Shipper:

Firm Transportation Service

FT EFT FST

Firm Storage Service

FSS : NFSTOR

ESS : NFSTOR

Interruptible Services

IAS : All System Points

Hub Services

IR-1 : Hub Points P-1 : Hub Points

IT : **All System Points**
 ISS : **NFISS**

IR-2 : **Hub Points**
 W-1 : **Hub Points**

P-2 : **Hub Points**

10. Credit Evaluation: Shipper has provided National 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 National'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.

National's contact is the Credit, Collections and receivables Management Dept. at CCRMSupply@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 National. **Please initial:**_____

13. Shipper agrees to pay National'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: _____

Date: _____

Phone: _____

Email: _____

16. Please return via fax or mail to:

National Fuel Gas Supply Corporation
 Interstate Marketing Department
 6363 Main Street
 Williamsville, New York 14221
 Fax #: 716-857-7310