



# INTERRUPTIBLE SERVICE DISCOUNT REQUEST FORM

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: _____
	(please circle)
	Service(s) To Be Discounted:    IT    ISS    IAS
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:

Delivery Point: \_\_\_\_\_ Base Rate: \_\_\_\_\_ (format \$0.0000)

Meter Name: \_\_\_\_\_ ACA:       \$0.0015       (format 0.0%)

Meter Number: \_\_\_\_\_ Fuel: \_\_\_\_\_ . \_\_\_\_\_ %

Please describe the costs of alternative options to using National Fuel, including gas cost and transportation costs, where applicable:

<u>Cost Components</u>	<u>Using National Fuel</u>	<u>Competition</u>	<u>Comments / Justification</u>
Commodity Cost:	\$ . _____	\$ . _____	
Upstream Pipeline			
Total Rate:	\$ . _____	\$ . _____	
Fuel:	_____ %	_____ %	
National Fuel			
Total Rate:	\$ . _____	\$ . _____	
Fuel:	_____ %	_____ %	
Downstream Pipeline			
Total Rate:	\$ . _____	\$ . _____	
Fuel:	_____ %	_____ %	
Market Price	\$ . _____	\$ . _____	

**For Office Use Only**

Approved: <u>   Y   </u> <u>   N   </u>	Entered by: _____	Approved Base Rate:    \$ _____	
Approved by: _____	Date Entered: _____	Approved ACA Rate:    \$ <u>  0.0015  </u>	
Date Approved: _____	Cust. Notified: _____	Approved Fuel Rate:    \$ _____ . _____ %	

**Daily Capacity Desk      Email: Marketing@NatFuel.com      Phone: 716/857.7832**