

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: _____
 _____ Service(s) To Be Discounted: IT ^(please circle) 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: \$0.0011 (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: Y N Approved Base Rate: \$ _____

Entered by: _____ Approved by: _____ Approved ACA Rate: \$ 0.0011

Date Entered: _____ Date Approved: _____ Approved Fuel Rate: _____ %

Cust. Notified: _____

Daily Capacity Desk Fax: 716/857.7310 Phone: 716/857.7924