



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: \$0.0014 (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> 0.0014 </u>	
Date Approved: _____	Cust. Notified: _____	Approved Fuel Rate: \$ _____ . _____ %	

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