



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The maximum daily quantity to be withdrawn from storage is \_\_\_\_\_ Dth.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

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 or email:

National Fuel Gas Supply Corporation  
 Interstate Marketing Department  
 6363 Main Street  
 Williamsville, New York 14221  
 Email: [marketing@natfuel.com](mailto:marketing@natfuel.com)  
 Fax #: 716-857-7310