SECTION 7. **Contract Data.** - **Transportation Service (SGTS, GTS or LGTS)**

A. Point(s) of Receipt into Columbia Gas of Ohio, Inc. – Point(s) of Receipt with Interstate Pipelines

1) Columbia Gas Transmission, LLC (TCO)
2) Other Point(s) of Receipt: _____

B. FACILITY ADDRESS: _____ **PCID**_____

C. Type of Business	**D. Volume Detail: To be completed by Marketer/Customer** ***Notice of change must be received on or before January 2, to be effective for the April billing cycle.***			
Description of Business:	Alternate Fuel Type: _____	*Backup Service: ☐ YES ☐ NO	*Monthly Bank Tolerance %: ☐ 1.0% ☐ 2.0% ☐ 3.0% ☐ 4.0%	*Capacity Assigned MCF/Day: (LGTS Customers Only)
	Alternate Fuel Percent (%): _____	*Volumes Requested: _____	*Choose one box only* [1]	_____

[1] If a Monthly Bank Tolerance is not selected, the default is 4%.

CUSTOMER NOTICES: (Mailing address for Contract) *Please Print*			**Correspondence to:**
Legal Entity/Corporation Name (Customer):			
dba (if applicable):			
Address:			
City:	**State:**	**Zip:**	
Attn:	**Title:**		
Telephone #:			
Fax #:	**E-Mail Address:**		

Columbia Gas of Ohio Inc.
290 W Nationwide Blvd
Columbus, Ohio 43215
Attn: **Gas Transportation**

IN WITNESS WHEREOF, the parties hereto have accordingly and duly executed this Agreement as of the date herein above first mentioned.

CUSTOMER

By: _____ (Signature)

Printed: _____

Title: _____

COLUMBIA GAS OF OHIO, INC.

By: _____ (Signature)

Printed: _____

Title: _____

DO NOT WRITE BELOW THIS LINE: For Columbia Personnel Use Only
NOTE: ALL INFORMATION SUBJECT TO CHANGE

☐New Customer ☐New Facility ☐Replacement	Authorized Daily Volume Win (Mcf) _____	Authorized Daily Volume Summer (Mcf) _____	Annual Transport Vol (Mcf) _____	Monthly Bank Tolerance _____	Daily Standby Volumes (Mcf) _____	Annual Standby Volumes (Mcf) _____	Daily Metering Service ☐ YES ☐ NO
PSID # _____	Area Office # _____	Unit/Book _____	SIC Code _____	Pipeline Scheduling Point (PSP) _____	GMB # _____ MS# _____	Nomination Group # _____	Invoice # _____ / Rate Number _____

APPROVAL:

COH REPRESENTATIVE: _____ Date: _____

Comments: _____ Effective Date: _____