

INITIAL NATURAL GAS SUPPLIER APPLICATION

(Reference – Columbia Gas of Pennsylvania, Inc. Tariff - Rules Applicable to Distribution Service)

GENERAL INFORMATION

Legal Corporate Name: _____

Legal corporate name must be a corporation (ex. Corp., inc.) If the business is not a corporation, Then the business owner's full name will be the legal name and the business name should be listed under "doing business as".

If a partnership, we need each partner's name.

If a limited partnership, then 'Ltd.', must be included in the legal corporate Name and the general partner's name should be the contact's name.

General Partners Name (If applicable): _____

DBA: _____

Corp. Headquarters Address: _____

Corp. Headquarters Telephone Number: _____

Website: _____

Customer Service Number: _____

24 Hour Emergency Contact Number: _____

CREDIT WORTHINESS EVALUATION

Has met the standards and fulfilled the obligations for credit worthiness and has paid the \$100 Credit Worthiness evaluation fee. (Rules Applicable to Distribution Service Par. 2.4)

CONTACT INFORMATION

NOMINATION/ OPERATIONS

Contact Name: _____

Alternate Contact Name: _____

Address: _____

Work Phone Number: _____

Cellphone Number: _____

Email: _____

MARKETING

Contact Name: _____
 Alternate Contact Name: _____
 Address: _____
 Work Phone Number: _____
 Cellphone Number: _____
 Email: _____

ACCOUNTS PAYABLE

Contact Name: _____
 Alternate Contact Name: _____
 Address: _____
 Work Phone Number: _____
 Cellphone Number: _____
 Email: _____

NOTICES

Contact Name: _____
 Alternate Contact Name: _____
 Address: _____
 Work Phone Number: _____
 Cellphone Number: _____
 Email: _____

(Natural Gas Supplier name) requests to provide service to the following customers groups:

- ☐ **Choice distribution service** – a choice aggregation agreement must also be completed. (residential & small commercial service)
- ☐ **General distribution service** – non-aggregation service (commercial and industrial service)
- ☐ **General distribution service** - aggregation service (commercial and industrial service). A general distribution service aggregation agreement must also be completed. (required for human needs accounts with an annual volume <64,400 thms.)

I _____ (AUTHORIZED SIGNATORY'S PRINTED NAME),
by signing this application, attest that _____ (NATURAL
GAS SUPPLIER), has been licensed by the Pennsylvania Public Utility Commission to provide
natural gas service to the Customer Groups listed above in the Commonwealth of Pennsylvania
using Columbia Gas of Pennsylvania's facilities, and agree to abide by all provisions of the
Columbia Gas of Pennsylvania tariff.

*Natural Gas Supplier is responsible for submitting an updated application whenever any
information contained herein, including contact information, is revised.*

Printed Name: _____
Signature: _____
Date: _____

Email completed signed application: Choice@nisource.com