RETAIL NATURAL GAS SUPPLIER INFORMATION FORM

Company Information:

Legal Company Name: _____

Doing Business As (if applicable): _____

Parent Company (if applicable): _____

Street: _____

City: _____ State: _____ Zip: _____

Federal Tax ID# _____ Docket Number: _____

DUNS Number: _____ State of Incorporation: _____

Primary Onboarding Contact Information:

Name: _____

Title _____

Email: _____

Phone: _____

Primary IT Contact Information for Onboarding:

Name: _____

Title _____

Email: _____

Phone: _____

Program Selection:

Select the state(s) and program(s) you would like to participate in?

Kentucky ☐ Maryland ☐ Ohio ☐ Pennsylvania ☐ Virginia ☐

Select program(s) your business would like to participate in:

CHOICE ☐ Gas Transportation (GTS/GDS/TS) ☐ Ohio Broker ☐

If Ohio GTS: Opt1 ☐ Opt2 ☐

NiSource Contacts:

CHOICE: Choice@nisource.com GTS/GDS: GTSTeam@nisource.com

Supplier Onboarding: Transportevaluations@nisource.com