

# 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 number: \_\_\_\_\_ Docket Number: \_\_\_\_\_  
Business Registration Number: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

## Contact Information:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

## List contact for eFTP testing and setup:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

## Who may we contact for Collateral requirements? (If Applicable)

Contact Person with Title: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

## 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 Program  Gas Transportation Program (GTS/GDS/TS)  Ohio Broker

Completed By: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

NiSource contacts:

CHOICE: [Choice@nisource.com](mailto:Choice@nisource.com) GTS/GDS: [GTSTeam@nisource.com](mailto:GTSTeam@nisource.com) v1.0  
Supplier Onboarding: [Transportevaluations@nisource.com](mailto:Transportevaluations@nisource.com)