

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

GTS/GDS: GTSTeam@nisource.com

v1.0

Supplier Onboarding: Transportevaluations@nisource.com