

## 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 TS: Opt1  Opt2

### NiSource Contacts:

CHOICE: [Choice@nisource.com](mailto:Choice@nisource.com)

GTS/GDS: [GTSTeam@nisource.com](mailto:GTSTeam@nisource.com)

Supplier Onboarding: [Transportevaluations@nisource.com](mailto:Transportevaluations@nisource.com)