Columbia Gas of Ohio Transportation Service

Successful Completion of a Service Agreement

The "Transportation Service Agreement" is an agreement between the customer and Columbia Gas of Ohio (COH). The agreement is required by the tariff and indicates the customer's understanding of the switch from sales to Transportation Service. The executed service agreement contains information, which is critical to Transportation Service.

Documents required by COH for Transportation Service

• "Transportation Service Agreement" (5 pages)

Documents required by COH for specific transportation situations.

 "Multiple facilities/meters" form is required if the customer is adding more than one facility or meter. Only one Section 7 contract is required to be completed if a customer is adding more than one meter or facility and listing the facilities/meters on the multiple meter form.

Additional forms for Transportation Service

- If the customer is electing <u>Direct Payment</u> (Checkfree).
- If the customer is requesting their invoices be mailed to a 3rd party, please complete the <u>Request</u> for Mailing Address Change form.

Due date - 1st of each month

- All pages of the agreement must be received by Columbia in a completed, legible form with all
 authorized signatures by the 1st of each month (3rd party signatures will not be accepted) for gas
 flow to begin the following month. If the 1st falls on a holiday or weekend, the deadline is the
 business day prior to the 1st. If a contract is not completed properly, it will not be processed and
 it will be returned to the Supplier.
 - Columbia utilizes DocuSign when possible and the use of DocuSign is encouraged. We will also accept, e-mailed, scanned, or faxed copies.

Updating information on the Transportation Service Agreement:

A new service agreement is required when (but not limited to):

- Legal Entity/Business Owner, Business Name, Customer Notices section changes
- Change of agents
 - o A new agreement is necessary to comply with the tariff.
- Significant increase/decrease in customer load
- Change in banking or balancing percentage.
 - (Please note that this notice needs to be to COH by January 2 for the change to be effective with the April billing cycle)
- Addition, deletion or change to level of Backup Service
 - (Please note that this notice needs to be to COH by January 2 for the change to be effective with the April billing cycle)
- Addition of a new customer facility
- Transportation Service rate change

New Appointment of Agent form is required when:

- Change from Aggregation Service Option 1 to Aggregation Service Option 2 (No change in Agent)
- Change from Aggregation Service to Stand Alone (No change in Agent)

Availability of forms

"Service Agreement for Transportation Service," "Section 7," "Appointment of Agent," "Acknowledgement of less than 100% backup," and "Multiple facilities/meters" forms are available on the NiSource supplier web site (www.nisourcesuppliers.com). Forms can also be obtained by contacting your Gas Transportation Account Specialist.

Steps for completing the Transportation Service Agreement:

Beginning on page 1 of the agreement, the following are required items to be completed before submitting to Columbia Gas of Ohio:

(Check off the items as each is completed)	
Page 1:	
Completed: A	ction item:
	Legal Entity/Corporation Name (Customer)
	DBA (if applicable)
	Billing Address
	Billing Contact Name/telephone number/Email address
	Ohio Charter/Registration # (if incorporated)
	Federal Tax ID #
Do not fill out the Contract # or the year on Section 4 of Page 1	
Data in text of the agreement	
	Flow day, month, and year
	Customer's legal or corporate name
Page 2:	
	Customer's legal or corporate name
	Two contact names and 2 contact numbers (Interrupt contacts) 24-hour contact telephone number (cell, home phone or pager #),work telephone number and email address
	Customer signature and Title

Page 3:

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Section 7, Part A	
	Point(s) of Receipt into Columbia Gas of Ohio or other points of receipt (if applicable)
Section 7, Part B	
	Facility Address and PCID number unless there are multiple facilities being enrolled in which a multiple facility form will be required.
Section 7, Part C	
	Description of Business (this information will help determine if the account is Human Needs), Alternative Fuel Type (if applicable), Alternative Fuel % (if applicable), Backup Service (if applicable), Monthly Bank Tolerance %. This information will also be included on the multiple facility sheet (if applicable)
	CUSTOMER NOTICES: (Mailing address for Contract) Legal Entity/Corporation Name. DBA (if applicable), Address (no 3 rd party address in this section. If a 3 rd party is to receive the invoices, attach a Request for Mailing Address Change form) City, State, Zip, Attn: name, Telephone #, Fax #, E-Mail Address
	Customer Signature, Printed Name and Title
Do not fill out the informa	tion under DO NOT WRITE BELOW THIS LINE on Page 3, Section 7
Page 4:	
	Effective Billing Month/Year
	Customer Name/Corporate Name
	Agent/Supplier
	Customer must initial one Transportation Service Type (Stand Alone, Agg Service Option 1 or Agg Service Option 2)
Page 5:	
	Acct. No. (or numbers) for each account you're enrolling.
	Authorized Customer Signature (no 3 rd party signatures) and Printed Name, Title, Address, Phone No., Fax No. (if applicable), E-Mail Address, Date.
	Authorized Agent Signature, Printed Agent Name, Title, Address, Phone No., Fax No. (if applicable), E-Mail Address, Date.