

Effective Billing Month/Year: _____
For Service Agreement Dated: _____

COLUMBIA GAS OF VIRGINIA, INC.
APPOINTMENT OF AGENT and ACKNOWLEDGEMENT OF SERVICE FORM
For Rate Schedules TS1/TS2 or LVTS

KNOW ALL MEN BY THESE PRESENTS that _____ ("Customer") does hereby make, constitute and appoint _____ ("Agent") as its **AGENT** for the purpose of establishing and administering a gas transportation program on the Columbia Gas of Virginia, Inc. ("Columbia") system for and on behalf of Customer for the accounts listed below. This appointment authorizes Agent to establish such gas transportation program on behalf of Customer, including (by way of illustration and not limitation) the following: request gas transportation service from Columbia; obtain Customer's historic and current usage data from Columbia; nominate gas transportation volumes on behalf of Customer; direct Columbia to send Customer's transportation bill directly to Agent; and obtain from Columbia any information pertaining to prior or current month gas deliveries to Customer.

Choose type of gas transportation service (**CHECK & INITIAL ONE ONLY**):

Non-Aggregation Service (Stand Alone):

Under Non-Aggregation Service (Stand Alone), Customer agrees to be responsible for all Columbia charges, fees, and penalties associated with providing gas transportation service,

Customer Initials: _____

Aggregation Service (AS):

ACKNOWLEDGEMENT OF SERVICE UNDER RATE SCHEDULE AS

This Acknowledgement of Service reflects the agreement of the undersigned Customer to service under Schedule AS.

By executing this Agreement, Customer agrees to be bound by the terms and conditions of Schedule AS (as well as the Customer's underlying transportation Rate Schedule and associated Service Agreement) including, but not limited to, Customer Obligations reflected in Section 15 of Rate Schedule AS, as well as the Service Agreement to which this Acknowledgement is attached:

Each customer that becomes part of an Agent's Aggregation Nomination Group (ANG), as defined in Rate Schedule AS – Aggregation Service, will retain ultimate responsibility for any and all charges, fees and penalties applicable under the terms and conditions of Rate Schedule AS, Rate Schedule BBS and the Company's General Terms and Conditions in the event that the Agent fails to pay within the time prescribed in the Company's tariff and/or General Terms and Conditions, notwithstanding the fact that the Company will bill the Agent for such charges, fees and penalties. Any such unpaid charges, fees and penalties will be assessed to Customers within each ANG on a pro rata basis based on the ratio of each Customer's gas usage to the usage of all Customers participating in that ANG during the month for which the charge, fee and/or penalty is applied. The charges, fees and penalties to which this provision is applicable include, but are not limited to, excess bank tolerance charges, BSR penalties and charges, commodity charges associated with excess consumption (except with regard to customer specific interruptions of transportation service), daily gas transfer fees, late payment charges and charges for an Agent's access to its Customers daily demand measurement information.

Customer also consents to the release of its daily demand measurement information for the following facility/location to the Agent under the terms and conditions set forth in Rate Schedule AS and other applicable Rate Schedules.

Customer Initials: _____

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Acct. No. _____ Acct. No. _____

Acct. No. _____ Acct. No. _____

Emergency Contact Names

Please list **TWO** names with work, 24-hr/cellular phone, fax, business phone, and e-mail address.
(No Agent Names)

Contact Name		
Home Phone		
Business Phone		
24-hr/Cellular Phone		
E-mail Address		

CUSTOMER AUTHORIZED EMPLOYEE INFORMATION:

EXECUTED BY CUSTOMER: _____
(Must be signed by Authorized Employee of Company)

(Please Print Authorized Employee Name)

Title: _____

Address: _____

Phone No.: _____

E-Mail Address: _____

Date: _____

AGENT AUTHORIZED EMPLOYEE INFORMATION:

EXECUTED BY AGENT: _____
(Must be signed by Authorized Employee of Agent)

(Please Print Authorized Employee Name)

Title: _____

Address: _____

Phone No.: _____

E-Mail Address: _____

Date: _____

EXECUTED BY COLUMBIA:

Name: _____

Address: _____

Title: _____

Date: _____