



# NATIONAL FUEL GAS SUPPLY CORPORATION

## Service Request Form

Interstate Marketing Department  
6363 Main Street  
Williamsville, New York 14221  
**Phone: (716) 857-7740 / Fax: (716) 857-7310**

**Important Note:** To request only a Master Release Contract or Title Transfer Tracking Contract, please fill in Nos. 1-5, and 10-15. To request only PTR Service, please fill in Nos. 1-5A, and 11-15.

1. Please provide information about your Company:

\_\_\_\_\_  
Complete Legal Name of "Shipper"

hereby requests service from National Fuel Gas Supply Corporation ("National") and consequently provides the following information in connection with this request:

\_\_\_\_\_  
Type of Legal Entity

\_\_\_\_\_  
State of Incorporation or Organization

DUNS#    \_ \_ \_ - \_ \_ \_ - \_ \_ \_

2. Please provide contact information for Business correspondence:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip Code

(    )    -    /    (    )    -

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Fax #

Please provide contact information for Invoicing purposes (if different from above):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Zip Code

(    )    -    /    (    )    -

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Fax #

3. Please indicate Service Type(s):

**Master Release Contract (pre-approved bidder status)**

☐ Transportation ☐ Both

☐ Storage

☐ Title Transfer Tracking Service

**Firm Transportation Service**

☐ FT Firm Transportation

☐ EFT Enhanced Firm Transportation

☐ FST Firm Storage Transportation

**Other Service**

☐ PTR Service

**Firm Storage Service**

☐ FSS Firm Storage

☐ ESS Enhanced Storage

**Interruptible Services**

- ☐ IAS Interruptible Advance Service  
☐ IT Interruptible Transportation  
☐ ISS Interruptible Storage

**Hub Services**

- ☐ IR-1 Imbalance Resolution  
☐ IR-2 Imbalance Resolution  
☐ W-1 Wheeling  
☐ P-1 Parking  
☐ P-2 Parking

4. Please check one

- ☐ New Service  
☐ Modification of Existing Service – Please Describe Below:

\_\_\_\_\_

\_\_\_\_\_

5. Please provide Service Term information:

A. Date service is proposed to commence: \_\_\_\_\_

Term of Service: \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

**For Master Release Shippers only:**

B. Maximum Daily Quantity to be acquired via release: \_\_\_\_\_ Dth.

Maximum Storage Capacity to be acquired via release: \_\_\_\_\_ Dth.

6. Are new facilities required to provide the service requested herein? If yes, please describe. If new facilities are required at the requested delivery point and such point will deliver gas to a plant or other end user, please include the name(s) of the local distribution company (ies) serving the community in which the delivery point is located:

\_\_\_\_\_

7. Please provide appropriate data:

The maximum daily quantity to be transported is \_\_\_\_\_ Dth.

The maximum daily quantity to be injected into storage is \_\_\_\_\_ Dth.

The maximum daily quantity to be withdrawn from storage is \_\_\_\_\_ Dth.

The total capacity in storage is \_\_\_\_\_ Dth.

The total maximum advance quantity is \_\_\_\_\_ Dth.

8. Name and description of receipt point(s) into National's system to be delivered by Shipper:

**Firm Transportation Service**

FT EFT FST

\_\_\_\_\_

\_\_\_\_\_

**Firm Storage Service**

FSS : NFSTOR

ESS : NFSTOR

**Interruptible Services**

IAS : All System Points  
 IT : All System Points  
 ISS : NFISS

**Hub Services**

IR-1 : Hub Points P-1 : Hub Points  
 IR-2 : Hub Points P-2 : Hub Points  
 W-1 : Hub Points

9. Name and description of delivery point(s) where National will deliver the gas for Shipper:

**Firm Transportation Service**

FT EFT FST

\_\_\_\_\_

\_\_\_\_\_

**Firm Storage Service**

FSS : NFSTOR

ESS : NFSTOR

**Interruptible Services**

IAS : All System Points  
 IT : All System Points  
 ISS : NFISS

**Hub Services**

IR-1 : Hub Points P-1 : Hub Points  
 IR-2 : Hub Points P-2 : Hub Points  
 W-1 : Hub Points

10. Credit Evaluation: Shipper has provided National with a copy of its most recent audited financial information, annual report, Form 10K, or a copy of the most recent Federal income tax return and a complete list of its parent, subsidiary companies, and affiliates. Yes\_\_\_\_\_ No\_\_\_\_\_

If "No" or if above financial statements do not meet National's credit worthiness standards, Shipper agrees to provide an alternative demonstration of credit worthiness.

Contact for credit purposes:

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Shipper should provide the names and e-mail addresses of up to two representatives authorized to receive notices regarding its creditworthiness.

National's contact is the Credit, Collections and receivables Management Dept. at CCRMSupply@natfuel.com.

11. Regulatory Contact Information: Please provide a name and e-mail address to receive service of tariff filings. Shipper must provide an email address to receive service of tariff filings.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

12. Shipper certifies that all necessary upstream and downstream arrangements will be in place on the date service is to commence, and that Shipper will have good title or the good right to deliver the gas to be delivered to National. **Please initial:**\_\_\_\_\_

13. Shipper agrees to pay National's currently effective rate applicable to this service unless otherwise agreed upon. **Please initial:**\_\_\_\_\_

14. If Shipper is requesting service under Section 311(a) of the NGPA, please attach a statement demonstrating Shipper's eligibility for service. **Please initial if Yes:**\_\_\_\_

15. Service Request submitted by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

16. Please return via fax or mail to:

National Fuel Gas Supply Corporation  
Interstate Marketing Department  
6363 Main Street  
Williamsville, New York 14221  
Fax #: 716-857-7310