

GENERAL DISTRIBUTION APPLICATION & AGREEMENT

TO BE COMPLETED BY THE CUSTOMER

ALL SECTIONS MUST BE COMPLETED UNLESS OTHERWISE SPECIFIED.

SECTION I: CUSTOMER INFORMATION

GENERAL CONTACT INFORMATION

*CUSTOMER'S LEGAL CORPORATE NAME:			
CUSTOMER DBA:			
CUSTOMER CONTACT NAME FOR NOTICES:		TITLE:	
ADDRESS:			
CITY, STATE, ZIP CODE			
TELEPHONE:		FAX:	
E-MAIL:			

* CUSTOMER'S LEGAL CORPORATE NAME MUST BE A CORPORATION (EX. CORP., INC.). IF THE BUSINESS IS NOT A CORPORATION, THEN THE BUSINESS OWNER'S FULL NAME WILL BE THE LEGAL NAME AND THE BUSINESS NAME SHOULD BE LISTED UNDER "CUSTOMER DOING BUSINESS AS". IF A PARTNERSHIP, LIST EACH PARTNER'S NAME. IF A LIMITED PARTNERSHIP, THEN "LTD." MUST BE INCLUDED AND THE GENERAL PARTNER'S NAME SHOULD BE THE CUSTOMER CONTACT.

BILLING AND INVOICE CONTACT INFORMATION

THIS SECTION SHOULD BE FILLED OUT USING THE FACILITY'S ACCOUNTS PAYABLE INFORMATION. IF THE INVOICES ARE TO BE MAILED DIRECTLY TO THE AGENT, A "REQUEST FOR MAILING ADDRESS CHANGE" FORM MUST ALSO BE COMPLETED USING THE AGENT'S MAILING ADDRESS INFORMATION.

COMPANY NAME:			
TO THE ATTENTION OF:			
ADDRESS:			
CITY, STATE, ZIP CODE			
PRIMARY CONTACT NAME:			
ALTERNATE CONTACT NAME:			
TELEPHONE:		FAX:	
E-MAIL:			

CUSTOMER ALLOCATION/EMERGENCY CONTACT NAMES - PLEASE LIST TWO NAMES WITH HOME, WORK, AND FAX TELEPHONE NUMBERS AND E-MAIL ADDRESS (IF AVAILABLE). *(NO AGENT NAMES PLEASE)*

NAME:		NAME:	
TELEPHONE HOME:		TELEPHONE HOME:	
WORK:		WORK:	
FAX:		FAX:	
PAGER:		PAGER:	
E-MAIL:		E-MAIL:	

SECTION II: SERVICES PROVIDED UNDER THIS GENERAL DISTRIBUTION SERVICES APPLICATION AND AGREEMENT

THE COMPANY SHALL PROVIDE GENERAL DISTRIBUTION SERVICE (GDS) TO THE CUSTOMER IN ACCORDANCE WITH THE RULES APPLICABLE TO DISTRIBUTION SERVICE SECTION OF THE COMPANY'S TARIFFS TO THE FACILITIES AND AT THE QUANTITIES SPECIFIED ON ATTACHMENT A, WHICH IS HEREBY INCORPORATED BY REFERENCE AND MADE PART OF THIS AGREEMENT. PURSUANT TO PARAGRAPH 2.4.5 OF COLUMBIA'S RULES APPLICABLE TO DISTRIBUTION SERVICE, THE CUSTOMER REMAINS FULLY RESPONSIBLE TO THE COMPANY FOR THE PAYMENT OF ANY INVOICES, FEES, IMBALANCE PURCHASES, BANKING AND BALANCING CHARGES, OFO OR OMO CHARGES, PENALTIES OR OTHER CHARGES ARISING OUT OF THE NGS'S PROVISION OF NATURAL GAS SUPPLY SERVICES TO THE CUSTOMER, INCLUDING ANY DIFFERENTIAL BETWEEN THE PRICE OFFERED BY THE NGS AND THE RATE CHARGED BY COLUMBIA IN THE EVENT THAT THE NGS DISCONTINUES SERVICE OR DEFAULTS ON ITS CONTRACT BEFORE ITS CONTRACT WITH THE CUSTOMER HAS EXPIRED.

SECTION III: TERM

THE TERM OF THIS AGREEMENT SHALL BE FROM THE DATE COLUMBIA FIRST DELIVERS VOLUMES OF GAS TO CUSTOMER AT ITS FACILITIES PURSUANT TO THIS AGREEMENT UNTIL THE FIRST OF THE FOLLOWING NOVEMBER, PROVIDED, HOWEVER, THAT THE AGREEMENT SHALL CONTINUE IN EFFECT AFTER THAT DATE ON A YEAR-TO-YEAR BASIS. EITHER PARTY MAY TERMINATE THIS AGREEMENT UPON WRITTEN NOTICE SIXTY (60) DAYS PRIOR TO AN EFFECTIVE DATE OF TERMINATION, SUBJECT TO THE PROVISIONS OF THIS AGREEMENT AND THE APPLICABLE RATE SCHEDULE.

SECTION IV: VOLUMETRIC INFORMATION

THE MAXIMUM DAILY VOLUME AND THE ANNUAL VOLUME TO BE DISTRIBUTED BY THE COMPANY MUST BE SPECIFIED FOR EACH FACILITY ON ATTACHMENT A. IF THE CUSTOMER DOES NOT WANT TO DETERMINE THE MAXIMUM DAILY VOLUME AND THE ANNUAL VOLUME REQUIRED FOR EACH FACILITY, THE CUSTOMER HAS THE OPTION OF HAVING THE COMPANY CALCULATE THOSE FIGURES.

IN THE BOX BELOW PLEASE INITIAL ONE OF THE FOLLOWING OPTIONS:

OPTION A. THE CUSTOMER AGREES TO HAVE COLUMBIA DETERMINE THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME FOR EACH FACILITY. COLUMBIA SHALL CALCULATE THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME BASED ON EACH FACILITY'S HISTORICAL CONSUMPTION INFORMATION AND SPECIFY THOSE FIGURES ON ATTACHMENT A.

OPTION B. THE CUSTOMER AGREES TO DETERMINE THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME FOR EACH FACILITY BASED ON EACH FACILITY'S HISTORICAL CONSUMPTION AND SPECIFY THOSE FIGURES ON ATTACHMENT A. THE CUSTOMER UNDERSTANDS THAT THESE FIGURES ARE SUBJECT TO THE COMPANY'S REVIEW AND APPROVAL.

I CHOSE OPTION A

(CUSTOMER'S INITIALS)

I CHOSE OPTION B

(CUSTOMER'S INITIALS)

THE CUSTOMER AGREES THAT REGARDLESS OF WHICH OPTION WAS SELECTED ABOVE, IN ACCORDANCE WITH THE COMPANY'S TARIFFS, THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUMES SPECIFIED ON ATTACHMENT A ARE SUBJECT TO ADJUSTMENT BY THE COMPANY NO MORE THAN ONE TIME EACH YEAR, TO REFLECT THE FACILITY'S ACTUAL MAXIMUM DAILY AND ANNUAL VOLUMES EXPERIENCED IN THE MOST RECENT NOVEMBER TO OCTOBER PERIOD. ADDITIONALLY, AN ADJUSTMENT TO THE MAXIMUM DAILY VOLUME AND ANNUAL VOLUME MAY BE MADE AT ANY TIME UPON AGREEMENT OF THE CUSTOMER AND THE COMPANY.

IF ANY FACILITY IS A "HUMAN NEEDS FACILITY", AND CONSUMES MORE THAN 6,000 MCF ANNUALLY, THE CUSTOMER AGREES TO EITHER PURCHASE STANDBY SERVICE FOR THAT FACILITY OR CERTIFY FOR EACH FACILITY ON ATTACHMENT A THAT OPERABLE ALTERNATE FUEL IS IN PLACE TO COVER 100% OF THAT FACILITY'S MAXIMUM DAILY VOLUME. AS USED HEREIN, A "HUMAN NEEDS FACILITY" IS A FACILITY THAT CONSUMES GAS FOR SERVICE TO ANY BUILDINGS WHERE PERSONS NORMALLY DWELL, INCLUDING APARTMENT HOUSES, DORMITORIES, HOTELS, HOSPITALS, AND NURSING HOMES, AS WELL AS NATURAL GAS USAGE BY SEWAGE PLANTS.

SECTION V: BANKING AND BALANCING INFORMATION

THE CUSTOMER UNDERSTANDS AND AGREES THAT THE APPLICABLE RATE SCHEDULE, AND THE BANK TOLERANCE FOR EACH FACILITY IS SUBJECT TO CHANGE ANNUALLY, BASED ON EACH FACILITY(S) ANNUAL INDIVIDUAL CONSUMPTION THAT OCCURRED DURING THE PREVIOUS NOVEMBER THROUGH OCTOBER BILLING PERIOD. IF APPLICABLE, THE CHANGE WILL BECOME EFFECTIVE WITH THE JANUARY BILLING CYCLE OF THE FOLLOWING YEAR. BANK TOLERANCES AND RATE SCHEDULES WILL BE ESTABLISHED IN ACCORDANCE WITH THE TARIFF.

THE CUSTOMER AGREES TO TAKE SERVICE UNDER RIDER EBS – ELECTIVE BALANCING SERVICES. THE CUSTOMER MAY ELECT TO CHANGE ITS' OPTION NO MORE THAN ONE TIME PER YEAR AND MUST SUBMIT THE REQUEST TO CHANGE IN WRITING, NO LATER THAN THE FIFTEENTH OF AUGUST PRIOR TO THE APRIL IN WHICH THE ELECTED OPTION BECOMES EFFECTIVE. IF A REQUEST TO CHANGE IS NOT RECEIVED, THE CUSTOMER WILL DEFAULT TO OPTION 1 – FULL BALANCING SERVICE.

SECTION VI: DELIVERY POINT INFORMATION

THE FOLLOWING ARE THE POINTS OF DELIVERY INTO COLUMBIA GAS OF PENNSYLVANIA'S DISTRIBUTION SYSTEM FOR GAS PRODUCED OUTSIDE PENNSYLVANIA, WHICH MAY BE USED UNDER THIS AGREEMENT. THE CUSTOMER HEREBY AGREES TO DELIVER GAS TO THE COMPANY AT ONE OF THE FOLLOWING DELIVERY POINTS IN ACCORDANCE WITH THE REQUIREMENTS SET FORTH IN THE RULES APPLICABLE TO DISTRIBUTION SERVICE SECTION OF THE COMPANY'S TARIFFS. CONTACT YOUR NATURAL GAS SUPPLIER FOR INFORMATION ABOUT THE POINTS OF DELIVERY AVAILABLE FOR YOUR FACILITY.

INTERSTATE PIPELINE	POINT OF DELIVERY INTO CPA
CARNEGIE GAS PIPELINE (A.K.A. EQUITRANS)	JEFFERSON-CA MASONTOWN-CA
COLUMBIA TRANSMISSION	LAN25E25-TCO BED-2526-TCO DOW25E29-TCO PIT-2535-TCO OLE-2536-TCO RIM-2538-TCO NEW-2539-TCO MIS-2540-TCO
CONSOLIDATED NATURAL (A.K.A. DOMINION TRANSMISSION)	WARRENDL-CNG DARLING-CNG
EQUITRANS	GROVETON-EQT BRADFORD-EQT ELRAMA35-EQT
NATIONAL FUEL	WARREN-NATL
TENNESSEE PIPELINE	NEWCASTLE-TEN BRADFORD Woods
TEXAS EASTERN	EMIGSB-TETCO ROCKWD-TETCO NEMACO-TETCO UTOWN-TETCO PLESNT-TETCO CHAMBR-TET

GAS PRODUCED WITHIN THE STATE OF PENNSYLVANIA MAY HAVE VARIOUS POINTS OF DELIVERY INTO COLUMBIA GAS OF PENNSYLVANIA. CONTACT YOUR NATURAL GAS SUPPLIER OR LOCAL GAS PRODUCER FOR INFORMATION ABOUT THE POINTS OF DELIVERY AVAILABLE FOR YOUR FACILITY.

APPOINTMENT OF AGENT
(OPTIONAL FOR FACILITIES >6000 MCF/YR)

THE CUSTOMER CONSTITUTES AND APPOINTS: _____ **LOCATED AT:**
(STREET, CITY, STATE, ZIP CODE): _____

AND WITH A PHONE NUMBER OF: _____ TO SERVE AS ITS AGENT IN ACCORDANCE WITH PAR. 3.2.2 OF THE RULES APPLICABLE TO DISTRIBUTION SERVICE OF COLUMBIA GAS OF PENNSYLVANIA'S TARIFF. THE APPOINTMENT OF AGENT WILL BECOME EFFECTIVE _____ (GAS FLOW MONTH), PROVIDED THAT THE AGREEMENT IS RECEIVED BY COLUMBIA GAS OF PENNSYLVANIA PRIOR TO THE FIRST DAY OF THE MONTH PRECEDING THE FLOW MONTH.

COLUMBIA GAS OF PENNSYLVANIA'S RULES APPLICABLE TO DISTRIBUTION SERVICE, AS APPROVED BY THE PENNSYLVANIA PUBLIC UTILITY COMMISSION, AS WELL AS THE APPLICABLE COMMISSION-APPROVED RATE SCHEDULE, ARE INCORPORATED IN THIS AGREEMENT.

ACCEPTED AND AGREED ON THIS _____ **Date** _____ **Month** _____ **YEAR** _____ **DAY OF** _____
(to be completed by Columbia)

Customer's Legal Name
Customer's Signature
Printed Name
Title

Columbia Gas of Pennsylvania, Inc
Company's Legal Name
Columbia's Signature
Printed Name
Title

MAIL COMPLETED ORIGINAL SIGNED APPLICATION & AGREEMENT TO:
GDS DEPARTMENT
COLUMBIA GAS OF PENNSYLVANIA
200 CIVIC CENTER DRIVE, 12TH FLOOR
COLUMBUS, OH 43215

FACILITY INFORMATION

FACILITY STREET ADDRESS: _____

FACILITY CITY, STATE, ZIP CODE: _____

COLUMBIA GAS ACCOUNT NUMBER: _____

**WHAT TYPE OF BUSINESS IS THIS
(STANDARD INDUSTRIAL CLASSIFICATION)?** _____

IS THIS A HUMAN NEEDS FACILITY? YES NO

**DOES THE CUSTOMER WANT TO PURCHASE STANDBY SERVICE IN EXCESS OF ANY MINIMUM
REQUIRED BY THE TARIFF? YES NO**

EBS ELECTION:
(MUST MATCH ELECTION MADE IN AUGUST PRIOR TO THE EFFECTIVE
APRIL, UNLESS NEW GDS CUSTOMER) _____

**SHOULD CUSTOMER BE IN AN AGGREGATION OR STAND
ALONE NOMINATION GROUP (CIRCLE ONE)? AGGREGATION STAND ALONE**
(DEFAULT WILL BE AGGREGATION)

**VOLUME DETAIL (TO BE COMPLETED BY COLUMBIA GAS IF OPTION A SELECTED UNDER SECTION IV
ABOVE.)**

MAXIMUM DAILY VOLUME (Mcf): _____ **ANNUAL VOLUME (Mcf):** _____

DAILY STANDBY VOLUME (Mcf): _____ **ANNUAL STAND BY VOLUME (Mcf):** _____

JANUARY MAX. DAY (IF GRAIN DRYER, ASPHALT PLANT OR POWER GENERATOR): _____

ALTERNATE FUEL INFORMATION

**TYPE OF OPERABLE
ALTERNATIVE FUEL** _____ **OPERABLE ALTERNATIVE FUEL TEST DATE** _____

PERCENTAGE OF GAS LOAD CAPABLE OF BEING SERVED BY OPERABLE ALTERNATIVE FUEL _____