



Piedmont
Natural Gas
Company

AGENCY AUTHORIZATION FORM

EFFECTIVE DATE _____

CUSTOMER _____

NAME OF FACILITY _____

ACCOUNT NUMBER (S) _____

AGENT _____

AGENT CONTACT _____ PHONE # _____

This is to advise Piedmont Natural Gas Company that _____ (**Customer**) has authorized _____ (**Agent**) to act on its behalf for the following transactions:

_____ nominations, _____ imbalance resolution _____ billing,

of gas for the above listed account(s). Piedmont Natural Gas Company is hereby authorized to deal with the Shipper directly, and the Customer and the Agent understand that they are responsible, jointly and severally, for any amounts due Piedmont Natural Gas Company under this Rate Schedule which are not paid on these accounts. Customer will provide Piedmont Natural Gas Company with a revised "AGENCY AUTHORIZATION FORM" at least five (5) business days prior to the beginning of the month for the accounts designated.

AUTHORIZED SIGNATURE _____ FOR THE CUSTOMER
AUTHORIZED SIGNATURE _____ FOR THE AGENT

Please Print
AGENT'S NAME _____ TITLE _____

PHONE # _____ FAX # _____

MAILING ADDRESS

Please submit to: End User Transportation OR End User Transportation
Piedmont Natural Gas Company P. O. Box 33068
Charlotte, N.C. 28233 Fax Number: (704) 364-8320