

SHIPPER'S AGENT FORM

This form must be completed and signed by both the Shipper and the Agent to be valid. Form must be received at least one (1) business day prior to the day on which the agent is to begin nominating.

SHIPPER: Complete form, sign and fax to Agent
AGENT: Sign and fax to: a.) Shipper; and
 b.) Gina Ferreri, Iroquois Gas at Fax No. (203) 925-7296

SHIPPER COMPANY INFORMATION								
Legal Name		SAN _____						
Contact		DUNS _____						
E-Mail		Phone _____						
Billing goes to	<input type="radio"/> Shipper <input type="radio"/> Agent (to review only, Shipper to pay) <input type="radio"/> Agent (to pay)	Fax _____						
Billing Address		<table border="1" style="width: 100%; border-collapse: collapse; background-color: #f0f0f0;"> <tr> <th colspan="2" style="background-color: red; color: white; padding: 2px;">24 Hour Contact Information</th> </tr> <tr> <td style="width: 20%;">Contact</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Phone</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	24 Hour Contact Information		Contact		Phone	
24 Hour Contact Information								
Contact								
Phone								
Agent Parameters	<input type="radio"/> Nominations <input type="radio"/> Confirmations (meter operators only) <input type="radio"/> Flowing Gas (meter operators only) <input type="radio"/> Capacity Release <input type="radio"/> Invoicing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Agent Start Date:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Agent End Date:</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Agent Start Date:		Agent End Date:			
Agent Start Date:								
Agent End Date:								
<input type="radio"/> Appoint Agent outlined below <input type="radio"/> Terminate Agent/No New Agent <input type="radio"/> Other _____		<p><i>NOTE: Typed signature is not acceptable</i></p> <p>_____</p> <p style="text-align: center;">Shipper Signature Date</p>						

AGENT INFORMATION		
Legal Name		Agent SAN _____
Contact		DUNS _____
E-Mail		Phone _____
		Fax _____
Agent status recallable in writing with 48 hours notice by Shipper <i>Agent status begins</i> _____ <i>and</i> _____ <i>ends</i> _____		<p><i>NOTE: Typed signature is not acceptable</i></p> <p>_____</p> <p style="text-align: center;">Agent Signature Date</p>

IGTS USE ONLY		
Contract Administration	ACES/IOL	JD Edwards