

SHIPPER CONTACT INFORMATION FORM

PLEASE RETURN TO: **GINA FERRERI, CONTRACTING & CREDIT SERVICES REPRESENTATIVE**
IROQUOIS GAS TRANSMISSION SYSTEM, L.P.
☎ **203.925.7229** 📠 **203.925.7296**

SHIPPER'S INFO	Shipper Name: _____	Shipper No. _____
	Address: _____	DUNS: _____

	City _____ State _____ Zip _____	Co. Main No. _____

CONTRACT CONTACT INFO	Contact Name: (for contract inquires) _____	Phone No. _____
	Title: _____	_____
	E-Mail Address: _____	Fax No. _____
	Address: (if different from above) _____	

	City _____ State _____ Zip _____	

CREDIT CONTACT INFO	Contact Name: (for credit inquires) _____	Phone No. _____
	Title: _____	_____
	E-Mail Address: _____	Fax No. _____
	Address: (if different from above) _____	

	City _____ State _____ Zip _____	

BILLING & INVOICE CONTACT INFO	Contact Name: (for billing inquires) _____	Phone No. _____
	Title: _____	_____
	E-Mail Address: _____	Fax No. _____
	Address: (if different from above) _____	

	City _____ State _____ Zip _____	

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NOMINATOR INFORMATION IS REQUESTED BUT NOT REQUIRED:

NOMINATOR #1 CONTACT INFO	Contact Name: (for gas scheduling inquires)	_____	Phone No.	_____
	Title:	_____		_____
	E-Mail Address:	_____	Fax No.	_____
	IM Address:	_____		
	Address:	_____	Beeper or Cell No.	_____
		City	State	Zip

NOMINATOR #2 CONTACT INFO	Contact Name: (for gas scheduling inquires)	_____	Phone No.	_____
	Title:	_____		_____
	E-Mail Address:	_____	Fax No.	_____
	IM Address:	_____		
	Address: (if different from above)	_____	Beeper or Cell No.	_____
		City	State	Zip

TRADER/MARKETER INFORMATION IS REQUESTED BUT NOT REQUIRED:

Trader/Marketer CONTACT INFO	Contact Name: (for gas scheduling inquires)	_____	Phone No.	_____
	Title:	_____		_____
	E-Mail Address:	_____	Fax No.	_____
	IM Address:	_____		
	Address: (if different from above)	_____	Beeper or Cell No.	_____
		City	State	Zip