

SERVICE REQUEST FORM

Please print all information.

SHIPPER INFORMATION

1. Shipper's Name: _____
(legal name of business entity)

State or Other Jurisdiction of Formation: _____

D-U-N-S No.: _____

2. Shipper is: (check one)

- LDC/Distributor
- Producer
- End User
- Interstate Pipeline
- Intrastate Pipeline
- Marketer
- Other _____

Is Shipper affiliated with Adelphia Gateway, LLC?

- Yes
- No

If yes, please explain type and extent of affiliation _____

3. Shipper Contacts:

	Notices	Invoicing	Scheduling & Nominations
Name:	_____	_____	_____
Title:	_____	_____	_____
Address:	_____	_____	_____
City, State, Zip Code:	_____	_____	_____
Telephone:	_____	_____	_____

SERVICE INFORMATION

4. Request is for:

- New Service
- Amended Service for Contract No.

5. Service Type:

- Firm Service (FTS)
- Interruptible Service (ITS)
- Park and Loan Service (PALS)

6. Rate offered:

- Tariff Rate
- Discount Rate

7. Term:

Commencement date: _____ Termination date: _____

8. Requested Daily Quantity (Dth/day) _____

9. Receipt Point(s)	Maximum Daily Quantity (Dth/day)
_____	_____
_____	_____
_____	_____

10. Delivery Point(s)	Maximum Daily Quantity (Dth/day)
_____	_____
_____	_____
_____	_____

11. Send completed request to:

Adelphia Gateway, LLC
1415 Wyckoff Road
Wall, NJ 07719
Fax No: (848) 206-8400
Email: AdelphiaMarketing@AdelphiaGateway.com