

Shipper Name: _____ Telephone Number: _____
 Representative Name: _____ Fax Number: _____
 Address: _____ Email Address: _____
 _____ (please circle)
 Service(s) To Be Discounted: IT ISS IAS
 Shipper Signature: _____ Service Agreement Number(s): _____

Date(s) For Which Discount is Requested: _____

Receipt Point:
 Meter Name: _____ Discount Quantity: _____ Dth/day
 Meter Number: _____ Requested Rate:
 Delivery Point: Base Rate: _____ (format \$0.0000)
 Meter Name: _____ ACA: \$0.0013 (format 0.0%)
 Meter Number: _____ Fuel: _____ %

Please describe the costs of alternative options to using National Fuel, including gas cost and transportation costs, where applicable:

| Cost Components | Using National Fuel | Competition | Comments / Justification |
|---------------------|---------------------|-------------|--------------------------|
| Commodity Cost: | \$ _____ | \$ _____ | |
| Upstream Pipeline | | | |
| Total Rate: | \$ _____ | \$ _____ | |
| Fuel: | _____ % | _____ % | |
| National Fuel | | | |
| Total Rate: | \$ _____ | \$ _____ | |
| Fuel: | _____ % | _____ % | |
| Downstream Pipeline | | | |
| Total Rate: | \$ _____ | \$ _____ | |
| Fuel: | _____ % | _____ % | |
| Market Price | \$ _____ | \$ _____ | |

For Office Use Only Approved: Y N Approved Base Rate: \$ _____
 Entered by: _____ Approved by: _____ Approved ACA Rate: \$ 0.0013
 Date Entered: _____ Date Approved: _____ Approved Fuel Rate: _____ %
 Cust. Notified: _____

Daily Capacity Desk Fax: 716/857.7310 Phone: 716/857.7832