

## Quicknom Access Request From

Company Information
Company Name ("Shipper"): _____
D-U-N-S: _____
Company Mailing Address: _____ _____
Phone Number: _____
Company Fax: _____

Authorized Signature
Name: _____
Title: _____
Signature : _____
Date: _____

Authorized Personnel	For each name below: Check "User" if you need a QuickNom User ID Check "Contact" for email notifications only
<input type="checkbox"/> User <input type="checkbox"/> Contact <input type="checkbox"/> Operator  User Privileges: <input type="checkbox"/> Can Nominate <input type="checkbox"/> Execute Capacity <input type="checkbox"/> Release Review Invoice  User privileges for Operators ONLY: <input type="checkbox"/> Noms, Confirmations and PDA – View Only <input type="checkbox"/> Noms, Confirmations and PDA – View/Add/ <input type="checkbox"/> Update Imbalances-View/Post Imbalances	Name: _____ Title: _____ Address: _____ _____ Phone Number: _____ Cell Number: _____ Email address: _____ Relationship to Subscriber: _____ (i.e. employee, agent, etc. )

Email Notifications:
<input type="checkbox"/> Curtailment <input type="checkbox"/> Critical /Non Critical Notice <input type="checkbox"/> Capacity Release <input type="checkbox"/> Credit <input type="checkbox"/> Nominaiton Create <input type="checkbox"/> Marketing <input type="checkbox"/> Invoice <input type="checkbox"/> Nomination Edit <input type="checkbox"/> Scheduling

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*Please send completed forms to [Adelphascheduling@njresources.com](mailto:Adelphascheduling@njresources.com)*