



ADELPHIA GATEWAY

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 and Nominations
Name:	_____	_____	_____
Title:	_____	_____	_____
Address:	_____	_____	_____
City, State, ZIP:	_____	_____	_____
Telephone:	_____	_____	_____
E-mail:	_____	_____	_____

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: 848-206-8400
E-mail: AdelphiaMarketing@AdelphiaGateway.com