



Northern Gas Transport, Inc.

P.O. Box 106
Lyndonville, VT 05851
1-800-648-1075 Toll Free
(802) 626-8621
(802) 626-5039 Fax

Welcome Potential Customer,

Thank you for your interest in our company and allowing us the opportunity to meet your transportation needs. We ask that you fill out the following information and fax to us at (802) 626-5039 Attention: Kendra Noyes. We will promptly review your information, verify references and provide you with a quote for your transportation requirements. Please specify your preferred method of communication to receive our response. We look forward to working with you!

Sincerely,

The Management of Northern Gas Transport, Inc.

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NEW CUSTOMER INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

ESTIMATED VOLUMES: _____

EST. SUMMER/WINTER RATIO: _____

COMMODITY (If other than fuel): _____

| <u>Origins</u> | <u>Destinations</u> | <u>Volume/Product</u> | <u>Ratio</u> |
|----------------|---------------------|-----------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- *Fuel Rates are based on a minimum shipment of 9000 gallons
- *Miles are based on PC Miler Version 17
- *Add 10% for deliveries scheduled on federally recognized holidays.
- *Before Midnight loads will not be guaranteed, but will receive priority depending on notification given.
- *Per hour charge will be billed after the first hour at pick up point.
- *Per hour charge for border crossing delays.
- *Adjusted mileage will be charged due to rerouting.

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APPLICATION FOR CREDIT

TYPE OF BUSINESS: _____ Corporation _____ Partnership _____ Proprietor

Company Name _____ Tax ID _____

Address _____ Contact _____

City & State _____ Zip _____ Tel.# _____

Amount of credit desired \$ _____

State Sales Tax _____ Taxable _____ Exempt

I authorize Northern Gas Transport, Inc. to investigate my/our credit history, bank references and any other information deemed necessary to extend credit.

Signature _____ Title _____ Date _____

PLEASE SUPPLY ADDRESSES, TELEPHONE #S AND ACCOUNT #S WHERE APPLICABLE OR THIS APPLICATION WILL NOT BE PROCESSED.

Bank References:

Bank Name _____ Loan Acct # _____

Address _____ Checking Acct # _____

City & State _____ Zip _____ Tel # _____

Bank Name _____ Loan Acct # _____

Address _____ Checking Acct # _____

City & State _____ Zip _____ Tel # _____

Trade References:

Name _____

Acct # _____

Address _____

Tel # _____

City & State _____

Zip _____

Name _____

Acct # _____

Address _____

Tel # _____

City & State _____

Zip _____

Name _____

Acct # _____

Address _____

Tel # _____

City & State _____

Zip _____

Name _____

Acct # _____

Address _____

Tel # _____

City & State _____

Zip _____

Comments:

Office Use Only

Approved by _____

Credit Limit _____

Date Approved _____

Customer Code _____