

Columbia Gas of Ohio Transportation Service

Successful Completion of a Service Agreement

The "Transportation Service Agreement" is an agreement between the customer and Columbia Gas of Ohio (COH). The agreement is required by the tariff and indicates the customer's understanding of the switch from sales to Transportation Service. The executed service agreement contains information, which is critical to Transportation Service.

Documents required by COH for Transportation Service

- "Transportation Service Agreement" (5 pages)

Documents required by COH for specific transportation situations.

- "Multiple facilities/meters" form is required if the customer is adding more than one facility or meter. Only one Section 7 contract is required to be completed if a customer is adding more than one meter or facility and listing the facilities/meters on the multiple meter form.

Additional forms for Transportation Service

- If the customer is electing [Direct Payment](#) (Checkfree).
- If the customer is requesting their invoices be mailed to a 3rd party, please complete the [Request for Mailing Address Change](#) form.

Due date - 1st of each month

- All pages of the agreement must be received by Columbia in a completed, legible form with all authorized signatures by the 1st of each month (3rd party signatures will not be accepted) for gas flow to begin the following month. If the 1st falls on a holiday or weekend, the deadline is the business day prior to the 1st. If a contract is not completed properly, it will not be processed and it will be returned to the Supplier.
Columbia utilizes DocuSign when possible and the use of DocuSign is encouraged. We will also accept, e-mailed, scanned, or faxed copies.

Updating information on the Transportation Service Agreement:

A new service agreement is required when (but not limited to):

- Legal Entity/Business Owner, Business Name, Customer Notices section changes
- Change of agents
 - A new agreement is necessary to comply with the tariff.
- Significant increase/decrease in customer load
- Change in banking or balancing percentage.
 - (Please note that this notice needs to be to COH by January 2 for the change to be effective with the April billing cycle)
- Addition, deletion or change to level of Backup Service
 - (Please note that this notice needs to be to COH by January 2 for the change to be effective with the April billing cycle)
- Addition of a new customer facility
- Transportation Service rate change

New Appointment of Agent form is required when:

- Change from Aggregation Service Option 1 to Aggregation Service Option 2 (No change in Agent)
- Change from Aggregation Service to Stand Alone (No change in Agent)

Availability of forms

- "Service Agreement for Transportation Service," "Section 7," "Appointment of Agent," "Acknowledgement of less than 100% backup," and "Multiple facilities/meters" forms are available on the NiSource supplier web site (www.nisourcesuppliers.com). Forms can also be obtained by contacting your Gas Transportation Account Specialist.

Steps for completing the Transportation Service Agreement:

Beginning on page 1 of the agreement, the following are required items to be completed before submitting to Columbia Gas of Ohio:

(Check off the items as each is completed)

Page 1:

Completed:

Action item:

_____	Legal Entity/Corporation Name (Customer)
_____	DBA (if applicable)
_____	Nom Group or Aggregation
_____	Billing Address
_____	Billing Contact Name/telephone number
_____	Ohio Charter/Registration # (if incorporated)
_____	Federal Tax ID #

Do not fill out the Contract # or the year on Section 4 of Page 1

Data in text of the agreement

_____	Flow day, month, and year
_____	Customer's legal or corporate name

Page 2:

_____	Customer's legal or corporate name
_____	Two contact names and 2 contact numbers (Interrupt contacts) 24-hour contact telephone number (cell, home phone or pager #) and a work telephone number.
_____	Customer signature and Title

Page 3:

Section 7, Part A

_____ Point(s) of Receipt into Columbia Gas of Ohio or other points of receipt (if applicable)

Section 7, Part B

_____ Facility Address and PCID number unless there are multiple facilities being enrolled in which a multiple facility form will be required.

Section 7, Part C

_____ Description of Business (this information will help determine if the account is Human Needs), Alternative Fuel Type (if applicable), Alternative Fuel % (if applicable), Backup Service (if applicable), Monthly Bank Tolerance %. This information will also be included on the multiple facility sheet (if applicable)

_____ CUSTOMER NOTICES: (Mailing address for Contract) Legal Entity/Corporation Name. DBA (if applicable), Address (no 3rd party address in this section. If a 3rd party is to receive the invoices, attach a [Request for Mailing Address Change](#) form) City, State, Zip, Attn: name, Telephone #, Fax #, E-Mail Address

_____ Customer Signature, Printed Name and Title

Do not fill out the information under **DO NOT WRITE BELOW THIS LINE** on Page 3, Section 7

Page 4:

_____ Effective Billing Month/Year

_____ Customer Name/Corporate Name

_____ Agent/Supplier

_____ Customer must initial one Transportation Service Type (Stand Alone, Agg Service Option 1 or Agg Service Option 2)

Page 5:

_____ Acct. No. (or numbers) for each account you're enrolling.

_____ Authorized Customer Signature (no 3rd party signatures) and Printed Name, Title, Address, Phone No., Fax No. (if applicable), E-Mail Address, Date.

_____ Authorized Agent Signature, Printed Agent Name, Title, Address, Phone No., Fax No. (if applicable), E-Mail Address, Date.