

**FORM OF SERVICE AGREEMENT
FOR TS1 AND TS2 GAS TRANSPORTATION SERVICE
(continued)**

**Attachment A
TS1/TS2 Service Agreement**

**CUSTOMER EMERGENCY CONTACT INFORMATION
and INVOICE BILLING ADDRESS**

BUSINESS NAME: _____

FACILITY ADDRESS: _____

PCID # _____

Emergency Contact Names

Please list **TWO** names with work, 24-hr/cellular phone, fax, business phone, and e-mail address.
(No Agent Names)

Contact Name		
Home Phone		
Business Phone		
24-hr/Cellular Phone		
Fax Number		
E-mail Address		

INVOICE BILLING ADDRESS

This section should be filled out using the facility's accounts payable information.

Attention: _____

Address _____

Telephone: _____ --- _____ --- _____

Fax: _____ --- _____ --- _____

E-mail: _____

Customer Signature: _____

Printed: _____

Title: _____

MAIL COMPLETED FORM TO:
GTS DEPARTMENT, COLUMBIA GAS OF VIRGINIA, 290 W NATIONWIDE BLVD, COLUMBUS, OH 43215