

GAS ESP INFORMATION FORM

GENERAL INFORMATION		
Business Name:		DBA/LLP:
Business Address:	City:	State/Zip:
Mailing Address:	City:	State/Zip:
Fed Tax ID/SocSec ID:		Dun & Bradstreet No.:
Website URL location:		OCC No.:

GAS CUSTOMER GROUPS SERVED: check appropriate box(s)			
Residential:		Small Comm/Ind:	
		Large Comm/Ind (over 250 Mth. Therms/yr):	
NGVs:		Schools/Colleges/Cities/Special Districts/Public Agencies/Government:	

ESP CONTACTS		
Toll Free Customer Service Phone No. (For customer inquiries)		
Primary Contact:		
Phone:	Fax:	E-mail:
Billing Contact:		
Phone:	Fax:	E-mail:
DASR Contact:		
Phone:	Fax:	E-mail:
Creditworthiness Contact:		
Phone:	Fax:	E-mail:
Gas Scheduling Contact:		
Phone:	Fax:	E-mail:
Regulatory Contact:		
Phone:	Fax:	E-mail:
Marketing Contact:		
Phone:	Fax:	E-mail:

3 RD PARTY PROVIDERS		
Billing Services:		
Business Name:		DBA:
Street Address:	City:	State/Zip:
Contact Name:		
Phone:	Fax:	E-mail:
Gas Scheduling:		
Business Name:		DBA:
Street Address:	City:	State/Zip:
Contact Name:		
Phone:	Fax:	E-mail: