Arcadia Gas Storage, LLC REQUEST FOR SERVICE INFORMATION LIST

Date this form was completed:		
Please provide the following information for your contract:		
1.	CUSTOMER'S <u>LEGAL</u> NAME:	
	State of incorporation:	
	Customer's DUNS Number:	
	Street Address:	
2.	Credit Contact	
	a. Name and Title:	
	b. Office phone number:	
	c. Cell phone number:	
	d. Email address:	
	e. Office mailing address:	
3.	Commercial contact	
	a. Name and Title:	
	b. Office phone number:	
	c. Cell phone number:	
	d. Email address:	
	e. Office mailing address:	
4.	Contract Administration Contact	
	a. Name and Title:	
	b. Office phone number:	
	c. Cell phone number:	
	d. Email address:	
	e. Office mailing address:	
5.	Billing and Payment Contact	
	a. Name and Title:	

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	b. Office phone number:
	c. Cell phone number:
	d. Email address:
	e. Office mailing address:
6.	
	Service Begin Date: Service End Date (Hub Service is evergreen):

- 7. Depending on the service the Customer or potential Customer is requesting, we may request additional information such as:
 - Maximum Storage Quantity ("MSQ")
 - Maximum Park Quantity ("MPQ")
 - Maximum Loan Quantity ("MLQ")
 - Maximum Daily Deviation Quantity ("DDQ")
 - Maximum Daily Injection Quantity ("MDIQ")
 - Maximum Daily Withdrawal Quantity ("MDWQ")
 - Maximum Daily Receipt Quantity ("MDRQ")
 - Maximum Daily Delivery Quantity ("MDDQ")
 - Maximum Daily Wheeling Quantity ("MDTQ")
 - Primary and Secondary Points of Receipt
 - Primary and Secondary Points of Delivery
 - Ratchets
 - Description of additional facilities needed (eg. proposed points) if applicable
 - Special Requests