

UGI Utilities, Inc.
Choice Supplier Application Form to Serve Choice Customers
(Page 1 of 2)

Applicant Name _____ PA License No. _____

Mailing Address _____

Telephone _____ Fax _____ E-Mail _____

PA Tax ID No. _____ Dun & Bradstreet No. _____

List Parent Company and the affiliates _____

Credit Information

Provide (a) most recent annual report, 10K or 10Q (b) most recent financial statement (last 12 months)

Bank Name _____

Bank ABA No. _____ Account No. _____

Bank References (name, address telephone) Business or Trade Credit References (name, address, telephone)

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

Contact Information

Application Contact:

Name _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Emergency Contact Person: For 24 hours/day 7 days/week

Name _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Consumer/Customer Complaints Contact:

Name _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Nominations, Scheduling and Balancing Contact:

Name _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

EDI Contact:

Name _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

Billing Contact: (Consolidated Billing)

Name _____

Title _____

Business Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____

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DFD Contact: For 24 hours/day 7 days/Week

Name _____
Title _____
Business Address _____
City _____ State _____ Zip _____
Telephone Number _____
Fax Number _____
E-mail Address _____

OFO Contact: For 24 hours/day 7 days/Week

Name _____
Title _____
Business Address _____
City _____ State _____ Zip _____
Telephone Number _____
Fax Number _____
E-mail Address _____

Customer Service: Available to Customers on the UGI website

Type of Customer Served (i.e. RES/COM) _____
Contact Name/Department _____
Business Address _____
City _____ State _____ Zip _____
Telephone Number _____
Fax Number _____
E-mail Address _____
Website Address _____

Additional Requirements

1. Licensed Supplier agrees to read and abide by all the provisions of the UGI Utilities Gas Service Tariff, UGI's Supplier Tariff, and Nomination Procedure.
2. Licensed Supplier agrees to make no contact with potential customers prior to being approved by UGI as a qualified Licensed Supplier.
3. Licensed Supplier is under a continuing obligation to amend its Application to Service UGI Choice Customers Request Form if substantial changes occur in the information upon which the Company relied in approving the original application.

I, _____, _____, am
(Name) (Title)

authorized to state all information contained in this application is true and correct and that Applicant agrees to abide by and be in full compliance with all the listed requirements.

Application shall be forwarded to the following person at the address provided, together with the nonrefundable application fee in the amount of \$500.00.