



# Northern Gas Transport, Inc.

P.O. Box 106  
Lyndonville, VT 05851  
1-800-648-1075 Toll Free  
(802) 626-8621  
(802) 626-5039 Fax

Welcome Potential Customer,

Thank you for your interest in our company and allowing us the opportunity to meet your transportation needs. We ask that you fill out the following information and fax to us at (802) 626-5039 Attention: Kendra Noyes. We will promptly review your information, verify references and provide you with a quote for your transportation requirements. Please specify your preferred method of communication to receive our response. We look forward to working with you!

Sincerely,

The Management of Northern Gas Transport, Inc.

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## **NEW CUSTOMER INFORMATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ESTIMATED VOLUMES: \_\_\_\_\_

EST. SUMMER/WINTER RATIO: \_\_\_\_\_

COMMODITY (If other than fuel): \_\_\_\_\_

<u>Origins</u>	<u>Destinations</u>	<u>Volume/Product</u>	<u>Ratio</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- \*Fuel Rates are based on a minimum shipment of 9000 gallons
- \*Miles are based on PC Miler Version 17
- \*Add 10% for deliveries scheduled on federally recognized holidays.
- \*Before Midnight loads will not be guaranteed, but will receive priority depending on notification given.
- \*Per hour charge will be billed after the first hour at pick up point.
- \*Per hour charge for border crossing delays.
- \*Adjusted mileage will be charged due to rerouting.

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## APPLICATION FOR CREDIT

TYPE OF BUSINESS: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietor

Company Name \_\_\_\_\_ Tax ID \_\_\_\_\_

Address \_\_\_\_\_ Contact \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ Tel.# \_\_\_\_\_

Amount of credit desired \$ \_\_\_\_\_

State Sales Tax \_\_\_\_\_ Taxable \_\_\_\_\_ Exempt

I authorize Northern Gas Transport, Inc. to investigate my/our credit history, bank references and any other information deemed necessary to extend credit.

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SUPPLY ADDRESSES, TELEPHONE #S AND ACCOUNT #S WHERE APPLICABLE OR THIS APPLICATION WILL NOT BE PROCESSED.**

### **Bank References:**

Bank Name \_\_\_\_\_ Loan Acct # \_\_\_\_\_

Address \_\_\_\_\_ Checking Acct # \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ Tel # \_\_\_\_\_

Bank Name \_\_\_\_\_ Loan Acct # \_\_\_\_\_

Address \_\_\_\_\_ Checking Acct # \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ Tel # \_\_\_\_\_

## Trade References:

Name \_\_\_\_\_

Acct # \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Acct # \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Acct # \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_

Name \_\_\_\_\_

Acct # \_\_\_\_\_

Address \_\_\_\_\_

Tel # \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_

## Comments:

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### Office Use Only

Approved by \_\_\_\_\_

Credit Limit \_\_\_\_\_

Date Approved \_\_\_\_\_

Customer Code \_\_\_\_\_