



Nicor Gas
Gas Transportation
Customer Service Center

P.O. Box 190
Aurora, IL 60507-0190
630 983-4040

**Multiple Accounts Contract For Transportation Service
Exhibit A**

Rider 13 Rider 25 Rates 74, 75, 76, and 77

Group/Transport I.D. No. _____

Group Manager or Authorized Agent _____

Address

Mail address change: Bill Summary Only All Bills and Summary

Company Use Only	
Effective date	____/____/____
Group Transport I.D. No.	_____
Group MDCQ	_____
Group SBS	_____
Group FBS	_____
Maximum Daily Nomination (MDN)	
April	_____
Aug	_____
May	_____
Sept	_____
June	_____
Oct	_____
July	_____

Same levels of Storage Banking Service (SBS) and Firm Backup Service (FBS) for all accounts.	
MDCQ days of SBS for each account (1-28)* _____	Percent MDCQ of FBS for each account _____%

Different levels of Storage Backup Service (SBS) and Firm Backup Service (FBS) for each account.

Customer Name	Service Address/Town	Existing Account No.	Rate	MDCQ	SBS	FBS	SWF
		New Account No.			<input type="checkbox"/> MDCQ Days	<input type="checkbox"/> % MDCQ	
					<input type="checkbox"/> Therms	<input type="checkbox"/> Therms	
1							
2							
3							
4							
5							
6							
7							
8							

For additional accounts, use reverse side.

Customer Use _____

Company Use Only _____

Customer Name	Service Address/Town	Existing Account No.	Rate	MDCQ	SBS	FBS	SWF
		New Account No.			<input type="checkbox"/> MDCQ Days	<input type="checkbox"/> % MDCQ	
					<input type="checkbox"/> Therms	<input type="checkbox"/> Therms	
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							