



Nicor Gas
Gas Transportation
Customer Service Center

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

**Amendment to Exhibit "A" Multiple Accounts Contract
for Transportation Service**

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

Group/Transport I.D. No. _____

Group Manager or Authorized Agent _____

Address

Except as hereby amended, all terms and conditions of referenced contract remain in full force and effect.

Effective upon acceptance by the Company, Company and customer agree to amend the referenced contract by :

adding deleting changing the following:

Company Use Only	
Effective date	____/____/____
Group Transport I.D. No.	_____
Group MDCQ	_____
<input type="checkbox"/> Charge for add / delete	
Maximum Daily Nomination (MDN)	
April	_____ Aug _____
May	_____ Sept _____
June	_____ Oct _____
July	_____

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							

For additional accounts, use reverse side.

Mailing Address Change, if applicable:

Group Manager /
Authorized Agent _____

Gas supplier _____

Address _____

For the Customer:

Customer's name _____

Accepted by (please print) _____

Signature _____

Official Capacity _____

Telephone ____/____/____ Fax ____/____/____

Date Accepted _____

Nicor Gas:

Date Received _____

Accepted by _____

Official Capacity _____

Date Accepted _____

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	
6							
7							
8							
9							
10							
11							
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