



Liberty Utilities (St. Lawrence Gas) Corp.

Date: _____

Marketer Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

Marketer Delivering to (LDC): _____

Interstate Pipeline: _____

Rate Schedule: _____

Receipt Point(s): _____

Delivery Point(s): _____

Are Delivery Points Firm Primary: Yes: No:

Contract Terms: _____

Contract Number: _____

Effective Date: _____

Expiration Date: _____

Meter Number: _____

Is Capacity Recallable? Yes: No:

If Yes, Under Which Terms? _____

Maximum Daily Quantity at Citygate: _____ dth/d

Pipeline Pressure Delivery to Citygate _____ psi