

AGENCY AUTHORIZATION FORM

EFFECTIVE DATE _____

CUSTOMER _____

NAME OF FACILITY _____

ACCOUNT NUMBER (S) _____

AGENT _____

AGENT CONTACT _____

AGENT PHONE # _____

This is to advise Piedmont Natural Gas Company that _____ (**Customer**) has authorized _____ (**Agent**) to act on its behalf for the following transactions:

- _____ nominations.
- _____ imbalance resolution.
- _____ billing.

of gas for the above listed account(s). Piedmont Natural Gas Company is hereby authorized to deal with the Agent directly, and the **CUSTOMER AND THE AGENT UNDERSTAND THAT THEY ARE RESPONSIBLE, JOINTLY AND SEVERALLY, FOR ANY AMOUNTS DUE PIEDMONT NATURAL GAS COMPANY ARISING UNDER THIS RATE SCHEDULE, PIEDMONT'S TENNESSEE SERVICE REGULATIONS, OR AGENT'S CUSTOMER AGENT AGREEMENT** which are not paid on these accounts. Customer will provide Piedmont Natural Gas Company with a revised "AGENCY AUTHORIZATION FORM" at least five (5) business days prior to the beginning of the month for the accounts designated, unless the Agent's right to conduct business has been suspended by Piedmont Natural Gas Company without prior notice.

CUSTOMER AUTHORIZED SIGNATURE

AGENT AUTHORIZED SIGNATURE

Please Print:

AGENT'S NAME _____ TITLE _____

PHONE # _____ EMAIL _____

Please submit completed form to:

Citygate Operations
Piedmont Natural Gas Company OR GasCommercialOperations@duke-energy.com
P. O. Box 33068
Charlotte, N.C. 28233