

**NORTH CAROLINA CUSTOMERS
AGENCY AUTHORIZATION FORM**

EFFECTIVE DATE _____

CUSTOMER _____

NAME OF FACILITY _____

ACCOUNT NUMBER (S) _____

AGENT _____

AGENT CONTACT _____ **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 TRANSPORTATION RATE SCHEDULES, PIEDMONT'S NORTH CAROLINA 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.

AUTHORIZED
SIGNATURE _____
FOR THE CUSTOMER

AUTHORIZED
SIGNATURE _____
FOR THE AGENT

Please Print
AGENT'S NAME _____ TITLE _____

PHONE # _____ . FAX # _____

MAILING ADDRESS

Please submit to: Transportation & Pipeline Services Transportation & Pipeline Services
Piedmont Natural Gas Company OR Fax Number: (704) 364-8320
P. O. Box 33068
Charlotte, N.C. 28233