

Nicor Gas Customer Select®

Participating Supplier Information Sheet

Company Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Group Bill Mailing Information:

Mailing Address
Attention: _____

Street: _____

City, State, Zip: _____

E-Mail Address: _____

Fax Number: _____

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Participating Supplier Information Sheet

General Program Contacts

(Personnel to contact at your organization for general administrative assistance, policy decisions, main recipients of program information, etc.)

Primary Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

1st Alternate Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

2nd Alternate Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

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Information Services Contacts

(Personnel to contact at your organization for information services support; i.e., general IT support questions, correction of corrupt electronic files, electronic file changes, etc.)

Primary Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

1st Alternate Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

2nd Alternate Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

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Supply Operations Contacts

(Personnel to contact at your organization for supply operations support; i.e., nominations, critical day, operational flow orders, firm transportation, etc. These contacts MUST be able to be reached 24 hours a day.)

Primary Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

1st Alternate Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____

2nd Alternate Contact: **Name:** _____
 Phone Number: _____
 Pager Number: _____
 Fax Number: _____
 E-Mail Address: _____