Exhibit C
Page 1 of 4

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: _____

Exhibit C
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Nicor Gas Customer Select®

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: _____

Exhibit C
Page 3 of 4

Nicor Gas Customer Select®

Participating Supplier Information Sheet

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: _____

Exhibit C
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Nicor Gas Customer Select®

Participating Supplier Information Sheet

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: _____