Nicor Gas Customer Select® Supplier Selection of Market Segment Participation

My organization has executed a Supplier Aggregation Agreement with Nicor Gas to participate in the Customer Select program. As a participating Supplier, my organization chooses to solicit customers in the following market segments.

Please	check all that apply:
	Commercial/Industrial
	Residential
participal Supplication a specific their national custom	Supplier list that will be distributed to customers, does your firm wish to qualify your pation to a major geographic area for solicitation purposes? This is intended for those ers who wish to inform customers that the Supplier is looking to sign up customers in only ific geographic area; i.e. XYZ Supplier (Joliet area). This will allow the Supplier to get ame out into the public, with qualification, and in the process possibly avoid dissatisfied ners by eliminating phone calls from customers in other locations. This by no means preclude Suppliers from signing up customers in other locations.
	No. My firm does not want to limit its participation geographically.
	Yes. My firm wants to limit its participation to the following geographic area. Individual towns will not be listed, geographic areas will be listed; e.g. Joliet area, Bloomington/Normal area, Rockford area, Chicago Metropolitan area, etc.
	Please Describe:
Inform	nation as you want it to appear in Nicor Gas' customer brochure (at next publication):
Suppli	er Name:
Phone	Number:
Days/F	Hours of Operation:
Web S	ite Address:

Information as you want it	to appear on Nicor Gas' Web site:
Supplier Name:	
Phone Number:	
Fax Number:	
e-mail Address:	
Hours of Operation:	
Headquarters:	
Business Description:	(Please use a separate sheet of paper. Maximum of 500 characters including spaces. Examples of current Supplier descriptions can be found on Nicor Gas' Web site: www.nicorgas.com ; under Customer Select.)
Web Site Address:	(Nicor Gas will provide a link to your Web site)
	(If you would like your company logo on the Web site, please e-mail it in a JPG file to Mary Lou Grzenia at mgrzeni@nicor.com.)
Nicor Gas will have final	approval of information displayed.
Please return this form to:	Nicor Gas c/o Customer Select Program 4W P.O. Box 190 Aurora, Illinois 60507-0190
	Fax: (630) 983-3810
Name of person filling out	this form to contact for clarification:
Name (print):	
Signature:	
Phone Number:	
Date:	