

Email: ONGBusinessDevelopment@onegas.com

Telephone: 844-263-7762

_____, by act of this Agency Letter, is instructing Oklahoma Natural Gas Company (ONG) that Customer has entered into a natural gas supply contract with _____, effective the first day of _____. This Agency Letter will remain in effect until ONG is notified to the contrary by the customer named above. By execution of this Agency Letter, the customer is authorizing the supplier named on this document to act as the customer's third party agent for procuring the customer's gas supply on a monthly basis until further notice by customer.

Supplier Rep's Name: _____

Phone No.: _____

This Agency Letter is only applicable and binding to account number(s) (including customer and premise number):

OKLAHOMA NATURAL GAS ACCOUNT NUMBERS

NOTE: 255-T customers are required to pay ONG an installation fee of \$1,896.00 for the Electronic Flow Measurement (EFM) equipment. The EFM fee may be waived if the EFM is currently installed at the point of delivery and verified by ONG. In addition, a monthly maintenance fee of \$20.54 will be charged per EFM. All EFM Equipment is and will remain the property of ONG.

Upon execution of this document, the authorized third party supplier is responsible for nominating and balancing the accounts listed above, and ONG is permitted by the customer to provide the authorized supplier with historical natural gas volumes for the accounts listed above. If an ONG utility account has not been previously established for the customer named on this Agency Letter, then ONG is further authorized by the customer to create an account using the information provided on this form. The customer will be responsible for all charges accrued after the effective date listed above until further notice from the customer to ONG's Business Development Department at the numbers listed above.

Signature: _____

Date: _____

Name: (Please Print) _____

Title: _____

Telephone: _____

Email Address: _____

ALL FIELDS REQUIRED

Primary Contact Information

Name: _____

Telephone: _____

Email Address: _____

Billing Contact Information

Name: _____

Telephone: _____

Email Address: _____

Billing Address: _____

City, State, Zip Code: _____

Emergency Contact Information

Name:
(24 Hour Availability)

Telephone: _____

Email Address: _____

Federal Tax ID: _____

(Required: Attach a copy of the current W9. This must be consistent with the information provided on this form)

Tax Exemption Status: _____

Non-Exempt

Exempt

(Required: If exempt, attach copy of Oklahoma state tax exemption permit)

