

Dominion Energy North Carolina Customer Authorization Form

					(Customer) hereby authorizes
below. Customer requests	s Dominion Energy Nor Energy North Carolina produced d below, for as long as the	th Carolin rovide to S his Author	a to deal directl Shipper all infor rization Form is	y w mat	(Shipper) to act on Customer's on of gas for the account(s) listed ith Shipper and Customer hereby ion regarding the account(s) identified effect.
Account Usage Hist	ory Accounting/	Billing Red	eords		Other (Specify)
PLANT NAME A	ND LOCATION	(1	RATE 75 OR 180)		ACCOUNT NUMBER
North Carolina for transpo	rtation service and under agrees to provide Domir	stands that nion Energy	these procedure North Carolina	es ai	es and terms as provided by Dominion Energy re subject to change from time to time on the a revised authorization form by the required
	(Signature Required)				(Date)
Name Title Company Phone No. Mailing Address City, State, Zip					

* Please note that future transportation information will be sent to the contact that you provide above. Should there be a change in the contact information, please let us know.

Please send completed and signed forms to Dominion Energy North Carolina: E-mail:

NCTransAdmin@DominionEnergy.com Darlene Sanders 803-217-5307