



ITS Transportation Service Customer Information

Legal Name of Company: _____

State in Which Incorporated: _____ PGS Acct #: _____

Site Service Address (include city, state and zip code): _____

Duns Number or Federal ID (required – for the specific location): _____

Contract Signatory and/or Administrative Matters

Contact Person Name and Title: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Mailing Address (include city, state and zip code): _____

Billing Information

Contact Person Name and Title: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Mailing Address (include city, state and zip code): _____

General Information

Primary Use(s) for Natural Gas: _____

Estimated Annual Consumption: _____

Site and Phone Line Contacts

Primary Person Name and Title: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Phone Line Person Name and Title: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Please return this document to:

Peoples Gas System

Attn: Transportation Services/P7

P. O. Box 2562

Tampa, Florida 33601-2562

Submitted by:

Name: _____

Title: _____

Date: _____

Or email to: PGSGASTRANSPORTATION@TECOENERGY.COM