

OPERATOR CREDIT APPLICATION

| The Northeast Utilities System | | | | | | | |
|---------------------------------------|--------------------------|---------------|-------------------------|--------------------|---------------|-------|--|
| Estimated Monthly Gas Transp | oortation: m | cf | | | | | |
| Legal Name: | | | DBA (if any) | | | | |
| Street Address: | | | | | | | |
| City/Town/Zip Code | | | | | | | |
| Years at Location: | Type of Business: | | | In Business Since: | | | |
| Principal Contact Person: | | | Telephone: | <u>(</u>) | - | | |
| Federal Tax ID | | D & B # | | CT DRS # | | | |
| | | | | | | | |
| Business Structure: | Corporate | □ Partnership | Individual Ownership | C | State/Muni. A | gency | |
| Name of Partners or Corporate Officer | s, if applicable: | | | | | | |
| Name | Title Street Address | | et Address | City | State | Zip | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Bank References (at le | east two): | | | | | | |
| Bank | Branch Street Address | | et Address | City | <u>State</u> | Zip | |
| 1. | | | | | | | |
| Account #: | Account Officer Contact: | | | Phone: () | - | _ | |
| | | | | | | | |
| 2. | | | | | | | |
| Account #: | Account Officer Contact: | | | Phone: () | - | _ | |

| Firm Name | Contact Person | Street Address | City | <u>State</u> | Zip | <u>Phone</u> | | | |
|--|--|--------------------------------|----------------|--------------|-----|--------------|--|--|--|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| PLEASE PROVIDE THE | FOLLOWING INFORMA | TION WITH THE COMPLI | ETED CREDIT AF | PPLICATIO | N: | | | | |
| | Narrative describing general scope and history of the firm | | | | | | | | |
| | List of ownership interests (holders of 10% or more of company's equity) | | | | | | | | |
| | Preceeding (3) years audited financial statements | | | | | | | | |
| | If audited, financial statements cannot be provided: (a) preceeding 3 years tax returns | | | | | | | | |
| | Organizational Chart | | | | | | | | |
| | If company is a subsidiary of a larger company, provide a chart showing the relationship between the two companies | | | | | | | | |
| | Resumes of senior management, officers of the company | | | | | | | | |
| We hereby authorize Yank | ee Gas to undertake a cree | dit review of our business, ir | • | | | | | | |
| Name: | | Title: | | Date: _ | | | | | |
| Please return application to: Yankee Gas Services Attn: Transportation 107 Selden Street Berlin, CT 06037 | | | | | | | | | |