



Nicor Gas
Gas Transportation
Customer Service Center

P.O. Box 190
Aurora, IL 60507-0190
630 983-4040

Rider 13 Group Manager Service Application

Firm Name _____

Firm Address _____ City _____ State _____ Zip Code _____

Headquarters address _____ City _____ State _____ Zip Code _____
if different from above

Tax I.D. No. _____ Phone () _____

Business Organization corporation partnership proprietorship Length of time in business ____ years ____ months

Nature of Current Business _____ Responsible Party _____

If a corporation, please list your officers:

Chairman _____ President _____

Controller/VP Finance _____ Other _____

Other _____ Other _____

If a partnership or proprietorship, name and home address of owner(s):

Name	Address	Town	State	Zip Code	Social Security No.

Credit or Trade References

Name	Address	Town	State	Zip Code	Area Code and Phone

Contact for Billing Matters

Name _____ Town _____ Phone () _____ Ext. _____

Certification

Applicant certifies that the information provided above is accurate to the best of the applicant's knowledge. You are authorized to check applicant's credit history and to answer questions about your credit experience with the applicant. Applicant agrees to pay all charges incurred on this account.

Prepared by _____ Title _____ Phone () _____ Ext. _____

Signature _____ Date _____