RATE SCHEDULE 107
BALANCING, CASH-OUT, AND AGENCY AUTHORIZATION

AGENCY AUTHORIZATION FORM

EFFECTIVE DATE _____

CUSTOMER _____

NAME OF FACILITY _____

ACCOUNT NUMBER (S) _____

AGENT _____

AGENT CONTACT _____ **PHONE #** _____

This is to advise Piedmont Natural Gas Company that _____**(Customer)** has authorized _____**(Agent)** to act on its behalf for the following transactions:

_____nominations, _____imbalance resolution _____ billing,

of gas for the above listed account(s). Piedmont Natural Gas Company is hereby authorized to deal with the Agent directly, and the **CUSTOMER AND THE AGENT UNDERSTAND THAT THEY ARE RESPONSIBLE, JOINTLY AND SEVERALLY, FOR ANY AMOUNTS DUE PIEDMONT NATURAL GAS COMPANY ARISING UNDER THIS RATE SCHEDULE, PIEDMONT'S NORTH CAROLINA SERVICE REGULATIONS, OR AGENT'S CUSTOMER AGENT AGREEMENT** which are not paid on these accounts. Customer will provide Piedmont Natural Gas Company with a revised "AGENCY AUTHORIZATION FORM" at least five (5) business days prior to the beginning of the month for the accounts designated, unless the Agent's right to conduct business has been suspended by Piedmont Natural Gas Company without prior notice.

AUTHORIZED SIGNATURE_____ FOR THE CUSTOMER

AUTHORIZED SIGNATURE_____ FOR THE AGENT

Please Print

AGENT'S NAME_____ TITLE _____

PHONE #_____ FAX #_____

MAILING ADDRESS

Please submit to: End User Transportation
Piedmont Natural Gas Company
P. O. Box 33068
Charlotte, N.C. 28233

OR

End User Transportation
Fax Number: (704) 364-8320