



# NJR

New Jersey Natural Gas

## SUPPLIER CONTACT LIST

Date \_\_\_\_\_

Supplier Name \_\_\_\_\_

To appear on customer reference sheet:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Supplier Web Address: \_\_\_\_\_

Enrollment/Usage Contact: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Nomination/Balancing

Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Billing Information:

Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Treasury/Financial Info:

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_