



NJR

New Jersey Natural Gas

SUPPLIER CONTACT LIST

Date _____

Supplier Name _____

Customer Type: _____ Residential _____ Commercial _____ Both

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 _____