

Please complete this form and send to:

Washington 10 Storage Corporation
c/o DTE Gas Storage Company
Sandy Schmidt
FAX: 313-235-6450
PH: 313-235-1148
OR e-mail to: schmidtsj@dteenergy.com



Washington 10 Storage Corporation
CUSTOMER INFORMATION SHEET

Legal Company Name: _____
DUNS Number: _____
Where Incorporated: _____
Address: _____

Please send your W9 if you have it available. Otherwise, please send under separate cover to Sandy Schmidt at the above fax number or e-mail.

CONTACTS

If contact requires access to Washington 10's Gas Management System please indicate the type of access on the left. Full Access users may enter nominations. Read Only users may view data and reports, and invoices. Additional contacts may be added on the next page if necessary.

Nominations:

- Full Access
- Read Only

Address (if other than above) _____
Contact Name: _____
Phone: _____ After-Hours: _____
Facsimile: _____
E-Mail: _____

Noms Back-Up:

- Full Access
- Read Only

Address (if other than above) _____
Contact Name: _____
Phone: _____ After Hours: _____
Facsimile: _____
E-Mail: _____

Contract Admin:

- Full Access
- Read Only

Address (if other than above) _____
Contact Name: _____
Phone: _____
Facsimile: _____
E-Mail: _____

Invoices / Payments:

- Full Access
- Read Only

Address (if other than above) _____
Contact Name: _____
Phone: _____
Facsimile: _____
E-Mail: _____

ADDITIONAL CONTACTS

For (Company Name): _____

If contact requires access to Washington 10's Gas Management System please indicate the type of access on the left. Full Access users may enter nominations. Read Only users may view data and reports, and invoices.

- Full Access
- Read Only

Contact Name: _____
Phone: _____
Contact Title or Department: _____
Facsimile: _____
E-Mail: _____

- Full Access
- Read Only

Contact Name: _____
Phone: _____
Contact Title or Department: _____
Facsimile: _____
E-Mail: _____

- Full Access
- Read Only

Contact Name: _____
Phone: _____
Contact Title or Department: _____
Facsimile: _____
E-Mail: _____

- Full Access
- Read Only

Contact Name: _____
Phone: _____
Contact Title or Department: _____
Facsimile: _____
E-Mail: _____

- Full Access
- Read Only

Contact Name: _____
Phone: _____
Contact Title or Department: _____
Facsimile: _____
E-Mail: _____

- Full Access
- Read Only

Contact Name: _____
Phone: _____
Contact Title or Department: _____
Facsimile: _____
E-Mail: _____