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| **WEST SHORE PIPELINE, L.P. - REQUEST FOR SHIPPER STATUS** |
| **Company Name:** |       |
| **ADDRESS & CONTACT INFORMATION** |
| **ADDRESS INFORMATION:** | **Street Address:** (Line 1) | **Street Address:** (Line 2) | **City:** | **State:** | **Zip Code:** |
| **Company Address:**(Primary mailing address) |       |       |       |    |      -     |
| **Billing Address:**(If different than above) |       |       |       |    |      -     |
| **Tariff Mailing Address:** (If different than above) |       |       |       |    |      -     |
| **CONTACT INFORMATION:** | **Name:** (Last, First, Middle Initial) | **Phone Number:** | **Fax Number:** | **Cell Phone:** | **E-mail Address:** |
| **Primary Business Contact:**(Who authorizes shipments?) |      ,     ,  | (   )    -     | (   )    -     | (   )    -     |      @     .    |
| **Accounts Payable Contact:**(Who handles/pays invoices?) |      ,     ,  | (   )    -     | (   )    -     | (   )    -     |      @     .    |
| **Primary Scheduling Contact:**(Who schedules shipments?) |      ,     ,  | (   )    -     | (   )    -     | (   )    -     |      @     .    |
| **Backup Scheduling Contact:**(If we can’t reach primary?) |      ,     ,  | (   )    -     | (   )    -     | (   )    -     |      @     .    |
| **Tariff Contact:** (To whomshould we send tariff updates?) |      ,     ,  | (   )    -     | (   )    -     | (   )    -     |      @     .    |
| **BANK REFERENCES & FINANCIAL INFORMATION** Please list two bank references. Please attach / include a copy of complete audited financial statements for your most recently completed fiscal year. |
| **Bank Name** | **Street Address:** | **City:** | **State:** | **Zip Code:** | **Contact Person:** | **Phone Number:** |
|       |       |       |    |      -     |       | (   )    -     |
|       |       |       |    |      -     |       | (   )    -     |
| **SHIPPING PLANS** Please indicate systems where you plan to ship. We will authorize nominations and provide tariff updates only on systems checked. Volume information will be used to assess credit requirements. |
| **West Shore P/L Systems:** | **Destination(s):** | **Monthly Volume:** | **West Shore P/L Systems:** | **Destination(s):** | **Monthly Volume:** |
| **[ ]** West Shore System |       |       bbls. | **[ ]**  |       |       bbls. |
| **[ ]** Badger System  |       |       bbls. | **[ ]**  |       |       bbls. |
| **[ ]**  |       |       bbls. | **[ ]**  |       |       bbls. |
| **[ ]**  |       |       bbls. | **[ ]**  |       |       bbls. |
| **[ ]**  |       |       bbls. | **[ ]**  |       |       bbls. |
| **TAX & REGISTRATION INFORMATION** |
| **Jurisdiction:** | **Registration Requirement:** | **ID Number:** | If you expect to ship distillates, please supply your EPA designate & track facility ID numbers for any new delivery terminals, supply facilities or connections to the Buckeye system. | **Location / Facility Name:** | **ID Number:** |
| Federal (Required for all) | Taxpayer ID Number |       |  |       |       |
| Federal Distillate Entity | EPA Designate & Track ID |       |  |       |       |
| New York State | Shipper Registration (if shipping in NY) |       |  |       |       |
| **INSTRUCTIONS** |
| Please send completed form and supporting documentation *either via mail to*:Accounting Dept. Buckeye Partners, Five TEK Park, 9999 Hamilton Blvd., Breinigsville, PA 18031*or via email to*: newshipper@buckeye.com | West Shore Pipeline uses Transport4 for pipeline nominations, schedules and other operational transactions. If you are not already registered with Transport4, please contact the T4 Help Desk at 888-844-9404. (See www.transport4.com for more information) |
| **Authorized Signature:** |  | **Title:** |       | **Date:** |       | Revised 12/09 |