|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 whom should 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 | |