VECTREN ENERGY DELIVERY (“Vectren”)  
Pool Operator Credit Application

Please forward this completed and signed Pool Operator Registration Form and Credit Application to the following address:

<table>
<thead>
<tr>
<th>Vectren Energy Delivery</th>
<th>For Internal Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTN: Larry Kunkle</td>
<td>Date Application Received: __________</td>
</tr>
<tr>
<td>Manager, Contracts Manager</td>
<td></td>
</tr>
<tr>
<td>1111 Louisiana Street</td>
<td></td>
</tr>
<tr>
<td>Houston, TX  77002</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:CERCContracts@centerpointenergy.com">CERCContracts@centerpointenergy.com</a></td>
<td></td>
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All Registration Forms must be accompanied by two signed copies of the applicable Pooling Agreement(s).

Please indicate the Transportation Program(s) to which you are applying and the expected peak customer demand of the pool(s):

**Indiana Gas Company, Inc. d/b/a Vectren Energy Delivery of Indiana, Inc.**

- Large Gas Transport  
  Expected Demand/Volume
- School/Government Pooling  
  Expected Demand/Volume
  Expected Start Date
- School/Government Pooling  
  Expected Demand/Volume
  Expected Start Date

**Southern Indiana Gas and Electric Company, d/b/a Vectren Energy Delivery of Indiana, Inc.**

- Large Gas Transport  
  Expected Demand/Volume
- School/Government Pooling  
  Expected Demand/Volume
  Expected Start Date

**Vectren Energy Delivery of Ohio, Inc.**

- Large Gas Transport  
  Expected Demand/Volume
  Expected Start Date

Please provide the following information; partial or incomplete applications may result in delays in processing. On average, processing takes at least 7 to 10 business days. This timeframe may increase or decrease depending on the following: (i) receipt of the appropriate financial information, (ii) receipt of information necessary to determine exposure, (iii) possible negotiations that may take place with the customer, internal counsel, and external counsel as it pertains to executing collateral requirements (if applicable), (iv) ordering of applications as they are received, and (v) availability of Vectren staff from an approval and administrative perspective.

1. Applicant's Full Legal Name: ________________________________
2. d/b/a Name of Applicant (if applicable): ________________________________
3. Provide Articles of Incorporation for Applicant or d/b/a of Applicant: ________________________________
4. Legal form of Entity: (Please check one) Corporation_____ Limited Liability Company____
   Partnership____ Sole Proprietorship_______ Other ____ (please specify)____________________.
   State of Incorporation or organization: ________________________

5. Number of years Applicant has been operating ________________________________________

6. Nominations Primary Contact Person
   First and Last Name ___________________________________________ _______________
   Title ____________________________________________________________
   Address ______________________________________________________ __
   City, State, Zip Code _________________________________________ _________________
   E-mail Address _______________________________________________ ___________
   Telephone ____________________________________________________ ______
   After Hours Telephone ______________________________________________
   Facsimile _______________________________________________________

7. Application Coordinator (Who is the primary contact for questions related to the Application)
   First and Last Name ___________________________________________ _______________
   Title ____________________________________________________________
   Address ______________________________________________________ __
   City, State, Zip Code _________________________________________ _________________
   E-mail Address _______________________________________________ ___________
   Telephone ____________________________________________________ ______
   Facsimile _______________________________________________________

8. Credit or Financial Contact Person
   First and Last Name ___________________________________________ _______________
   Title ____________________________________________________________
   Address ______________________________________________________ __
   City, State, Zip Code _________________________________________ _________________
   E-mail Address _______________________________________________ ___________
   Telephone ____________________________________________________ ______
   Facsimile _______________________________________________________

9. Information to be included on Vectren’s list of participating approved Pool Operators (Optional)
   Company Name: _______________________________________________________
   Contact Person’s Name: ________________________________________________
   Address: _____________________________________________________________
   Phone No.: __________________________ Fax No.: ____________________________
10. Applicant’s DUNS No. (9 standard digits + 4 optional): ____________________________

11 Address to receive monthly Pool Operator billing:

First and Last Name ____________________________________________
Title _________________________________________________________
Address ______________________________________________________
City, State, Zip Code ___________________________________________
E-mail Address ________________________________________________
Telephone ____________________________________________________
Facsimile _____________________________________________________

12. Applicant Financial Information

A. If the Applicant is a partially or wholly owned subsidiary, identify the percentages of ownership, Legal Names and Cities and States of Incorporation for all Parent Companies.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. If the Parent Company or Companies identified in “12A” are providing credit support for the Applicant (e.g., a Parental Guaranty), please provide the full legal name of the Parent Company.

C. Attach valid and current copies of the Applicant’s debt credit ratings as assigned by Standard & Poor’s Corp., Moody’s Investors Service, and/or Fitch ratings.

D. Trade references from gas utilities where you are serving as a Pool Operator.

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E. Available Lines of Credit and Bank Facilities.

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<td>Outstanding Amount</td>
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<td>Avg. $ Outstanding over last 12 mths</td>
<td>Peak &amp; Outstanding over last 12 mths and # days at this amount</td>
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Please list all financial covenants if applicable.

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F. Attach Copies of most recent audited financial statements with notes continaing management’s discussion and analysis for the prior 2 years for Applicant and/or Guarantor(s) if applicable. If the Applicant and/or Guarantor(s) have SEC filings (10Q, 10K), please check box below and submission of SEC filings will not be required.

☐ Applicant and/or Guarantor(s) financial information can be obtained from SEC filings.

G. Attach a description of obligations and amount of claims on related cash flow during the next 2 years, including but not limited to: margin requirements and rating triggers, off balance sheet financing obligations and/or joint venture funding requirements.

H. List the Creditors that currently hold a secured interest in the company’s Accounts Receivables:
Name of Creditor(s) | Address | Phone Number
---|---|---
| | | 
| | | 
| | | 
| | | 
| | | 

**Representations:**

By executing this Application, I represent and warrant that all information supplied pursuant to this Credit Application is true, accurate, complete and not misleading in any respect and fairly represents the Applicant’s financial position as of the date submitted, and that the Applicant on whose behalf I am authorized to sign is solvent, as of the date submitted: I further certify that the Applicant

a) is not operating under any chapter of the bankruptcy laws and is not subject to liquidation or debt reduction procedures under state laws including but not limited to an assignment for the benefit of creditors, or any informal creditors’ committee agreement;

b) is not aware of any change in business conditions which could cause a substantial deterioration in Applicant’s financial condition, a condition of insolvency, or the inability to exist as an ongoing business entity;

c) has no collection lawsuits or judgments outstanding which would seriously affect the Applicant’s ability to remain solvent;

d) is not subject to pending litigation or regulatory proceedings in state or federal courts and/or agencies which could impact the Applicant’s and or Applicant’s Parent’s financial condition;

e) is not currently in default, and has not defaulted in the previous 24 months on any other gas utility system;

f) Has a phone line and computer available to access Vectren’s Extranet (EBB).

Applicant herein authorizes Vectren Energy Delivery to obtain any information it may require relevant to its review of this application, from any source including the Applicant’s financial and trade references listed herein.

Applicant further acknowledges its continuing duty to update the information provided in this Application, when requested to do so by Vectren.

____________________________
Name

____________________________
Signature
Date

STATE OF _______________ )
) SS:
COUNTY OF _______________ )

Before me, the undersigned, a Notary Public, within and for said County and State, came ___________________________(Applicant’s name), an ________ (state of incorporation) corporation, by ____________________________(name of person signing), its ________________(title of person signing), who as such ________________ (title of person signing), for and on behalf of said corporation, acknowledged the execution of the foregoing instrument.

WITNESS my hand and Notarial Seal, this _________ day of _________, 200_.

I reside in _______________County, Notary Public
State of Indiana, and my commission Expires: _________________.
_____________________________________________ (Printed)