

**CENTERPOINT ENERGY ("CenterPoint")
Pool Operator Credit Application**

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

CenterPoint Energy ATTN: CERC Contracts Manager, Contracts 1111 Louisiana Street Houston, TX 77002 CERCContracts@CenterPointEnergy.com	For Internal Use Only Date Application Received
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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 CenterPoint Energy Indiana North

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

Southern Indiana Gas and Electric Company, d/b/a CenterPoint Energy Indiana South

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

Vectren Energy Delivery of Ohio, LLC d/b/a CenterPoint Energy Ohio

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 CenterPoint 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) _____

5. State of Incorporation or organization: _____

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 CenterPoint's list of participating approved Pool Operators

(Optional) Company Name: _____
Contact Person: _____
Address: _____
Phone No.: _____ Fax No.: _____
Web Address: _____ E-mail Address: _____

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 percentage 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 Application'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.

Company Name Address

Fiscal Contact Phone No. E-Mail Address

Company Name Address

Fiscal Contact Phone No. E-Mail Address

Company Name Address

Fiscal Contact Phone No. E-Mail Address

E Available Lines of Credit and Bank Facilities.

Type of Credit Line or Facility	Name of Credit Provider	
Capacity Amount	Outstanding Amount	Expiration date of Instrument
Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount	

Please list all financial covenants if applicable

Type of Credit Line or Facility	Name of Credit Provider	
Capacity Amount	Outstanding Amount	Expiration date of Instrument
Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount	

Please list all financial covenants if applicable

Type of Credit Line or Facility	Name of Credit Provider	
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Avg. \$ Outstanding over last 12 months	Peak & Outstanding over last 12 months and # days at this amount	

Please list all financial covenants if applicable

- F. Attach Copies of most recent audited financial statements with notes containing 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 CenterPoint's Extranet (EBB).

Applicant herein authorizes CenterPoint 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 CenterPoint.

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 _____, 20__.

I reside in _____ County, _____ Notary
Public State of Indiana, and my commission
Expires: _____

(Printed)