



Retail Gas Supplier Registration Form

Applicable to Retail Gas Suppliers and Customer Self Managers

End User Transportation
Ameren Illinois Company
607 East Adams Street
10th Floor, MCC-427
Springfield, IL 62739

Fax: 217.535.5006

Email: DLEndUserTransportation@ameren.com

Date Submitted: *

- General Gas Transportation Retail Gas Supplier (Rider T/GDS-2, 3, 4 or 5)
 Customer Self Manager
 (Check all that apply *)

Supplier Name: *

Mailing Address: *

City, State, Zip: *

Country: *

Phone Number: * Fax Number:

- Supplier
 Shipper

Primary Contact Person: *

Corporate Name: *

Mailing Address: *

City, State, Zip: *

Phone Number: * Fax Number:

Email Address: *

List of Corporate Affiliates: *

Dun and Bradstreet Number: *

* Indicates required field

Save