



**AGENT
REGISTRATION
FORM**

Legal Company Name: _____

Duns Number: _____

Supplier Code Number: _____ (leave blank)

Federal Taxpayer ID: _____

State of Incorporation: _____

Address: _____

City, State, Zip _____

Contact Person: _____

Title: _____

Phone: _____

**If you have questions, please call Norma Boddy at
(213) 244-5073. When complete, email to
capacityproducts@socalgas.com**