



Retail Gas Supplier Registration Form

Applicable to Retail Gas Suppliers and Customer Self Managers

Ameren Missouri Gas Supply & Transportation Control
1901 Chouteau Avenue
Mail Code: AME-900
St. Louis, MO 63166

Fax: 314.613.9022

Email: UEEndUserTransportation@ameren.com

Date Submitted: * _____

- Retail Gas Supplier
 Customer Self Manager

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