

# Buckeye Partners, L.P. - REQUEST FOR SHIPPER STATUS

<b>Company Name:</b>	
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## ADDRESS & CONTACT INFORMATION

<b>ADDRESS INFORMATION:</b>	<b>Street Address: (Line 1)</b>	<b>Street Address: (Line 2)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Company Address:</b> <small>(Primary mailing address)</small>					-
<b>Billing Address:</b> <small>(If different than above)</small>					-
<b>Tariff Mailing Address:</b> <small>(If different than above)</small>					-
<b>CONTACT INFORMATION:</b>	<b>Name: (Last, First, Middle Initial)</b>	<b>Phone Number:</b>	<b>Fax Number:</b>	<b>Cell Phone:</b>	<b>E-mail Address:</b>
<b>Primary Business Contact:</b> <small>(Who authorizes shipments?)</small>	, ,	( ) -	( ) -	( ) -	@ .
<b>Accounts Payable Contact:</b> <small>(Who handles/pays invoices?)</small>	, ,	( ) -	( ) -	( ) -	@ .
<b>Primary Scheduling Contact:</b> <small>(Who schedules shipments?)</small>	, ,	( ) -	( ) -	( ) -	@ .
<b>Backup Scheduling Contact:</b> <small>(If we can't reach primary?)</small>	, ,	( ) -	( ) -	( ) -	@ .
<b>Tariff Contact:</b> <small>(To whom should we send tariff updates?)</small>	, ,	( ) -	( ) -	( ) -	@ .

## BANK REFERENCES & FINANCIAL INFORMATION Please list two bank references. Please attach / include a copy of complete audited financial statements for your most recently completed fiscal year.

Bank Name	Street Address:	City:	State:	Zip Code:	Contact Person:	Phone Number:
				-		( ) -
				-		( ) -

## SHIPPING PLANS Please indicate systems where you plan to ship. We will authorize nominations and provide tariff updates only on systems checked. Volume information will be used to assess credit requirements.

Buckeye P/L Systems:	Destination(s):	Monthly Volume:	BPL Affiliated Companies:	Destination(s):	Monthly Volume:
<input type="checkbox"/> Eastern Products System		bbls.	<input type="checkbox"/> Norco Pipe Line		bbls.
<input type="checkbox"/> Midwest System (IL IN OH MI)		bbls.	<input type="checkbox"/> Wood River Pipe Line		bbls.
<input type="checkbox"/> Long Island System (NY NJ)		bbls.	<input type="checkbox"/> Buckeye P/L Trans. (Paulsboro)		bbls.
<input type="checkbox"/> Jet Lines System (CT MA)		bbls.	<input type="checkbox"/> Broadway I (MPS)		bbls.
<input type="checkbox"/> Laurel Pipe Line (PA)		bbls.	<input type="checkbox"/> Broadway II (MPS)		bbls.
<input type="checkbox"/> Linden Pipe Line		bbls.			

## TAX & REGISTRATION INFORMATION

Jurisdiction:	Registration Requirement:	ID Number:	If you expect to ship distillates, please supply your EPA designate & track facility ID numbers for any new delivery terminals, supply facilities or connections to the Buckeye system.	Location / Facility Name:	ID Number:	
Federal (Required for all)	Taxpayer ID Number					
Federal Distillate Entity	EPA Designate & Track ID					
New York State	Shipper Registration (if shipping in NY)					

## INSTRUCTIONS

Please send completed form and supporting documentation <i>either via mail to:</i> Accounting Dept. Buckeye Partners, Five TEK Park, 9999 Hamilton Blvd., Breinigsville, PA 18031 <i>or via email to:</i> newshipper@buckeye.com	Buckeye Partners uses Transport4 for pipeline nominations, schedules and other operational transactions. If you are not already registered with Transport4, please contact the T4 Help Desk at 888-844-9404. (See <a href="http://www.transport4.com">www.transport4.com</a> for more information)
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<b>Authorized Signature:</b>	<b>Title:</b>	<b>Date:</b>	Revised 7/18
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