

TALLGRASS INTERSTATE GAS TRANSMISSION, LLC

BID FORM FOR FT CAPACITY

In order to be valid, a bid must contain all of the information required by this Bid Form.

BIDDER COMPANY: _____ BA #: _____

CONTACT NAME: _____

CONTACT PHONE: _____

MDTO: _____ Dth/d

WILLING TO ACCEPT LESS CAPACITY THAN BID MDTO: Yes No

IF YES, MINIMUM ACCEPTABLE MDTO: _____ Dth/d

MONTHLY RESERVATION RATE: \$ _____ Dth of MDTO or "MAX"

TERM START DATE: _____ TERM END DATE: _____

PRIMARY POINTS AND POINT MDRQ/MDDQ:

	<u>POINT NAME</u>	<u>PIN</u>	<u>MDRQ/MDDQ</u>
RECEIPT	_____	_____	_____
DELIVERY	_____	_____	_____

COMMENTS: _____

BIDS MUST BE EMAILED TO TEP@TALLGRASS.COM

SIGNATURE

NAME

TITLE

DATE