

TRANSPORTATION CREDIT APPLICATION
Tallgrass Interstate Gas Transmission, LLC

General Information

Customer Name: _____

Tax ID Number: _____

State of Incorporation: _____

Credit Contact

Name: _____ Telephone: _____

Email: _____

Billing Contact

Name: _____ Telephone: _____

Email: _____

Billing Address: _____

Standardized Credit Information

Please provide Shipper's (or Parent's) long-term unsecured debt credit ratings (if applicable) as of the date of this Credit Application:

Standard & Poor's: _____ Moody's: _____

Additional Financial Information and Documentation

Estimated Monthly Obligations: _____ (\$USD)

Please enclose a copy of the Shipper's W-9. If Shipper's financial information is not publicly available, please enclose current audited financial statements.

Shipper's Signature

Date

Return this Credit Application to:

Tallgrass Interstate Gas Transmission, LLC
Attn: Tallgrass Customer Credit
370 Van Gordon Street
Lakewood, CO 80228
Email: CustomerCredit@tallgrassenergyllp.com