Date: GID:

*Tab thru Fields*

Shipper Name:

Shipper Address:

Contact Person: Telephone: Fax: Email:

DUNS Number:

Shipper Affiliation with Transporter: State of Incorporation of Shipper: Shipper Designation:

Local Distribution Company Intrastate Pipeline Company Interstate Pipeline Company Producer End User Marketer

Information Update: Any change in the facts or information provided by Shipper in its request for service, whether before or after service begins, must be promptly communicated to Transporter.

**Service Requested:**

**Firm (FT)**

**Interruptible (IT)**

**Master PALS**

**Master Capacity Release**

Term Begin: Term End:

**(ITS, PALS and PAWS are month-to-month)**

Maximum Daily Quantity:

# For FTS only:

(The total receipt point capacity must equal the total delivery point capacity)

Primary Receipt PIN(s): Primary Receipt Point Quantity (Dth/d): Primary Delivery PIN(s): Primary Delivery Point Quantity (Dth/d):

Requested Reservation Rate:

# For PALS only:

Maximum Aggregate Quantity: (Dth)

# Point Change Requests (for existing contract):

* Service Agreement Number
* Current Receipt/Delivery Point Combination
* Requested Receipt/Delivery Point Combination
* Requested Capacity
* Requested Reservation Rate at New Points
* Requested Effective Date and Term

# Other Requests:

## Requester Signature: Date:

Note: A shipper wishing to obtain service must first comply with the creditworthiness requirements as set forth in Ruby’s tariff.

Please return this completed request form to: [**RUBY@TALLGRASS.COM**](mailto:RUBY@TALLGRASS.COM)

Ruby Pipeline LLC

***For Internal Use Only***

Shipper Request Accepted Not Accepted Date Time By

Attention: Account Services 370 Van Gordon Street Lakewood, Colorado 80228

Facsimile: (303) 763-3515

Telephone: (303) 763-2950