ROCKIES EXPRESS PIPELINE 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 NAME: _____BA#: _____

CONTACT NAME: _____

CONTACT PHONE #: _____

MDTQ: _____Dth/d

WILLING TO ACCEPT LESS CAPACITY THAN BID MDTQ: Yes ☐ No ☐

IF YES, MINIMUM ACCEPTABLE MDTQ: _____Dth/d

MONTHLY RESERVATION RATE: $_____/Dth of MDTQ or "MAX" ☐

TERM START DATE: _____ TERM END DATE: _____

PRIMARY POINTS AND POINT MDRQ/MDDQ:

	POINT NAME	PIN	MDRQ/MDDQ
RECEIPT	_____	_____	_____
DELIVERY	_____	_____	_____

Comments: _____

_____

Bids must be emailed to TEP@tallgrassenergylp.com.

_____
SIGNATURE

_____
NAME

_____
TITLE

_____
DATE