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 (FTS)**

**Interruptible (ITS)**

**Master Capacity Release**

**C-HUB Firm Service (C-HUB-FS) C-HUB Interruptible Service (C-HUB-IS) Other**

**Master PALS**

**PAWS**

**Standing Request Order (SRO) Backhaul Service (BHS)**

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 SRO only:

Opal Hub Cheyenne Hub Meeker Hub Wamsutter Hub Lebanon Hub Clarington Hub

SROL SROP

Zone 2 Pool

Zone 3 Pool

# 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 REX’s tariff.

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

Rockies Express Pipeline LLC Attention: Account Services 370 Van Gordon Street Lakewood, Colorado 80228

Telephone: (303) 763-2950