

TRANSPORTATION AND AGGREGATION SERVICES
New Service Request Form

This request applies to all 284g open access rate schedules only.



Date _____

Customer Information

Customer Legal Name: _____

Type of Legal Entity: _____

State of Incorporation: _____

Service Information

Rate Schedule: ___ FTS-4.2% ___ FTS-7.0% ___ PAL-Loan
 ___ FTS-5.0% ___ FTS-8.0% ___ PAL-Park
 ___ FTS-6.0% ___ ITS ___ Capacity Release

Contract Volumes

Maximum Daily Quantity (MDQ) to be delivered:

FIRM MDQ _____ dth

INTERRUPTIBLE MDQ _____ dth

Requested Term of Service:

Requested Commencement Date _____ Termination Date _____

Address Information

Requestor's Information

Name: _____

Title: _____

Telephone : () _____ Fax: () _____

Address for Notices:

Company: _____

Contact: _____

Title: _____

Mailing Address: _____

FedEx Address: _____

Telephone:() _____ Fax: () _____

Capacity Release Address

Company: _____
Contact: _____
Title: _____
Mailing Address: _____
FedEx Address: _____
Telephone:() _____ Fax: () _____

Nomination Address (24-hour Contact Person designated by Customer to provide scheduling information and volume nominations.):

Company: _____
Contact: _____
Title: _____
Mailing Address: _____
FedEx Address: _____
Telephone:() _____ Fax: () _____

Confirmation Address

Company: _____
Contact: _____
Title: _____
Mailing Address: _____
FedEx Address: _____
Telephone:() _____ Fax: () _____

Billing Address

Company: _____
Contact: _____
Title: _____
Mailing Address: _____
FedEx Address: _____
Telephone:() _____ Fax: () _____

Allocation Address

Company: _____
Contact: _____
Title: _____
Mailing Address: _____
FedEx Address: _____
Telephone:() _____ Fax: () _____

Point Information

Point Information

Receipt Point Information [*Currently Effective Master Receipt Point List will apply to ITS, PAL-Loan, and PAL-Park*]

_____ Check here for currently effective Master Receipt Point List
_____ Requesting Proposed points

Meter #	Description	County/State	Volume
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Delivery Point Information [*Currently Effective Master Receipt Point List will apply to ITS, PAL-Loan, and PAL-Park*]

Meter #	Description	County/State	Volume
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Are additional facilities required to receive or deliver gas for the service requested? _____

Proposed Point(s) (If Applicable):

Proposed Point Name: _____

State: _____ County/Parish: _____

Onshore/Offshore: _____ Section: _____ Township: _____ Range: _____

Field Contact: Name: _____

Title: _____

Phone: () _____ Fax: () _____

Billing Contact: Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Other

Other Information:

- Pipeline may require other information as is required to comply with regulatory reporting or filing requirements.
- If Customer has not previously completed a Credit Application, a Credit Application must be submitted.
- Customer must execute and submit attached certifications, as applicable.
- This request will be deemed null and void if the Service Agreement tendered by Pipeline is not executed and returned within 5 Business Days.

Please send **Transportation or Aggregation - New Service Request Form** to:

Gulfstream Natural Gas System, L.L.C OR Fax: (813) 289-4438
2701 N. Rocky Point Drive, Suite 1050
Tampa, FL 33607
Attention: Marketing Contract Administration
(813) 288-1811

Signature of Requestor/Customer _____

Title _____