

Kinder Morgan Keystone Gas Storage LLC

Return this Form and Financial Statements to:

Credit Manager

1001 Louisiana Street, Houston, TX 77002

Fax: (713) 445-9132

CREDIT APPLICATION & REQUIRED INFORMATION

Instructions: Please return this completed credit application (via facsimile or email) with your company's most recent annual audited financial statements (or Form 10-K) and the most recent interim statement to the fax or email addresses listed above. Please note **we cannot process your application** without financial statements from the party requesting transportation service. Should you have questions, contact Ted Chavez at (713) 420-3068 (ted_chavez@kindermorgan.com) or Vanessa Zuniga (713) 420-2445 (rodrigo_guillen@kindermorgan.com).

Company Information

Date: _____

Legal Name: _____

Address: _____

Name of Acct. Payable Contact: _____ Phone: _____

Fax: _____ Email: _____

Name of Financial Officer: _____ Phone: _____

Fax: _____ Email: _____

Classification

(check one)

___ Private-Corporation

___ Public-Corporation

___ S-Corporation

___ General-Partnership

___ Limited-Partnership

___ Sole Proprietor

___ Governmental

___ Limited Liability Corp.

___ Nonprofit

Fiscal Year End: _____ D&B No: _____

Description of Business Activity: _____

Officers and Controlling Shareholders

(Complete only if a Nonpublic Company)

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Company

Name: _____

Address: _____

D&B No.: _____ If necessary, will parent guarantee payment? ___ Yes ___ No

CREDIT INFORMATION (Continued)

Trade References

Company/Address

Phone/Contact Person

1. Company: _____ Phone: _____
Address: _____ Fax No: _____
City, State, Zip: _____ Contact Person: _____
2. Company: _____ Phone: _____
Address: _____ Fax No: _____
City, State, Zip: _____ Contact Person: _____
3. Company: _____ Phone: _____
Address: _____ Fax No: _____
City, State, Zip: _____ Contact Person: _____
4. Company: _____ Phone: _____
Address: _____ Fax No: _____
City, State, Zip: _____ Contact Person: _____

Bank References

Name: _____
Address: _____

Contact: _____
Phone: _____ Fax: _____

1. We hereby authorize Kinder Morgan Keystone Gas Storage LLC to obtain or exchange any information that may be required relative to this Application from any source, including Applicant's financial institutions, trade suppliers, and credit information databases. Applicant authorizes each source to provide such information.

2. The undersigned Applicant certifies that the information supplied on this Credit Application ("Application") is accurate and correct as of the date of this Application.

By: _____
Applicant's Signature

Name: _____
Title: _____
Date: _____