

Date Received _____
 Time Received _____



Accepted by _____
 Not Accepted by _____
 Date/Time _____

Request for Rate Schedule FTS Capacity

(This Request Incorporates the Provisions of Section 3.2 of Rate Schedule FTS)

Shipper Name: _____ Date: _____

Contact Person: _____ Telephone: _____ Fax: _____

Service Type: FTS

Term of Service: Start Date: _____ End Date: _____

Primary Paths, Path Maximum Daily Quantity (MDQ) and Requested Monthly Base Reservation Rate (Monthly Resv. Rate):

	Primary Receipt PIN	Primary Delivery PIN	MDQ (Dth)	Monthly Resv. Rate
<u>LEG 1</u>				
Path No. 1:	_____	_____	_____	\$ _____
Path No. 2:	_____	_____	_____	\$ _____
Total Leg 1 MDQ:	_____	_____	_____	
<u>LEG 2</u> (Per each one (1) Eth per Day of capacity requested on Leg 1 the request must include 0.5939 Dth per Day capacity on Leg 2)				
Path No. 1:	_____	_____	_____	\$ _____
Path No. 2:	_____	_____	_____	\$ _____
Total Leg 2 MDQ:	_____	_____	_____	
<u>Total Requested Contract MDQ:</u>	_____	_____	_____	

If Requested Contract MDQ not available, will accept less capacity on all Paths: Yes _____ No _____
 If "yes", Minimum Acceptable Contract MDQ on LEG 1 (LEG 2 will automatically be calculated as (LEG 1 * 0.5939): _____ Dth/d

Requests will be binding on Shipper for two (2) business days unless this request states a shorter time period, or until the request is accepted or denied by KMLP, whichever occurs first. Please specify if the request is binding for a stated period which is less than two (2) business days: _____

Shipper Information:

Is Shipper an existing customer of KMLP? Yes _____ No _____.

If "yes", provide Shipper's GID: _____

If "no", provide:

Shipper's DUNS number: _____

Shipper's address: _____

Shipper's phone number: _____

Is Shipper affiliated with KMLP? Yes _____ No _____

If "yes", state affiliation relationship: _____

Credit: Processing of this request is subject to, among other things, verification by KMLP that Shipper has satisfied all applicable creditworthiness requirements of KMLP's FERC Gas Tariff. For information concerning KMLP's credit requirements, contact Ralph Lohr at (630) 725-3213.

Submission of this request by Shipper constitutes Shipper's agreement that it will abide by the terms of Rate Schedule FTS, including the applicable General Terms and Conditions.

Other Comments: _____

Shipper represents that the person executing this Request for Shipper has been duly authorized by Shipper to submit this request on Shipper's behalf.

Name

Title

Date

Please fax Request for FTS Capacity to your Account Director, or to (303) 984-3148.