

Date Received _____
Time Received _____



REQUEST FOR RATE SCHEDULE ITS SERVICE

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

Shipper Name: _____ Date: _____

Contact Person: _____ Telephone: _____ Fax _____

1. Service Type: ITS

2. Requested Contract Maximum Daily Quantity (MDQ): _____ Dth/d

3. Term of Service: Start Date: _____ End Date: _____
Check the following if applicable:

____ Following the End Date, service shall continue on a month-to-month basis thereafter unless terminated by either KMLP or Shipper by the provision of prior written notice to the other party.

4. 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: _____.

Shipper's Identify: LDC ___ Marketer ___ Producer ___ End User ___ Other (specify) ____.

5. 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.

6. Other Comments:

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

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 to your Account Director, or to Director – Account Services at (303) 984-3148.

Accepted by _____
 Not Accepted by _____
Date/Time _____