

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 Rodrigo Guillen at (713) 420-2445.

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 \_\_\_\_\_