

REQUEST FOR ITS SERVICE
MIDCONTINENT EXPRESS PIPELINE LLC

Date Received	_____
Time Received	_____

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

Shipper Name: _____ Date: _____

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 MEP or Shipper by the provision of prior written notice to the other party.

4. Shipper Information:
Is Shipper an existing customer of MEP? 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 MEP? Yes _____ No _____. If "yes", state affiliation relationship: _____.
Shipper's Identity: LDC _____ Marketer _____ Producer _____ End User _____
Other (specify) _____.

5. Credit: Processing of this request is subject to, among other things, verification by MEP that Shipper has satisfied all applicable creditworthiness requirements of MEP's FERC Gas Tariff. For information concerning MEP's credit requirements, contact Vanessa Zuniga at 713-420-6504.

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 email Request to your Account Manager or to FTservicerequest@kindermorgan.com.

<input type="checkbox"/> Accepted by _____
<input type="checkbox"/> Not Accepted by _____
Date/Time _____