

GAS TRANSMISSION NORTHWEST  
SERVICE REQUEST FORM

**REQUIRED INFORMATION**

**1. SHIPPER**

Full Legal Name: \_\_\_\_\_

Entity ID (DUNs #): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Is Requestor affiliated with GTN?

\_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ GTN \_\_\_\_\_ GTN Affiliate  
\_\_\_\_\_ % Ownership of  
\_\_\_\_\_ % Owned by GTN or GTN Affiliate

Is Shipper affiliated with GTN?

\_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ GTN \_\_\_\_\_ GTN Affiliate  
\_\_\_\_\_ % Ownership of  
\_\_\_\_\_ % Owned by GTN or GTN Affiliate

**2. TYPE OF REQUEST**

\_\_\_\_\_ New Service  
\_\_\_\_\_ Amended Service \_\_\_\_\_ (Contract #)

Amendment Reason: \_\_\_\_\_ Change primary point(s)  
\_\_\_\_\_ Receipt/delivery point change  
\_\_\_\_\_ Volume change  
\_\_\_\_\_ Contract extension  
\_\_\_\_\_ Other: \_\_\_\_\_

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**3. CONTRACT TERM**

Expected Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_  
Amendment Effective Date: \_\_\_\_\_

**4. TYPE OF SERVICE**

\_\_\_\_\_ FTS-1                      \_\_\_\_\_ AIS-1  
\_\_\_\_\_ ITS-1                      \_\_\_\_\_ LFS-1  
\_\_\_\_\_ Market Center            \_\_\_\_\_ PS-1

**5. CONTRACT QUANTITIES**

Start Date	End Date	Receipt Point	Delivery Point	MDQ
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**6. OTHER INFORMATION**

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**7. NOTICES**

(A) Shipper Notices

Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

(B) Invoices and Statements \_\_\_\_\_ Same as above

Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

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**THIS TRANSPORTATION SERVICE REQUEST IS HEREBY SUBMITTED.**

REQUESTOR:

\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (City, State Zip)

Send Completed Form:      a) Electronically through GTN's website  
   b) Fax:                    (832) 320-5760  
   c) Mail:                Gas Transmission Northwest  
   717 Texas Street  
   Houston, TX 77002-2761  
   Attn: Contracts Management

Shippers seeking service on GTN must meet the credit requirements set forth in §6.18.1 of the GTN Tariff General Terms & Conditions. Please direct any credit inquiries to:

Credit Assessments/Financial Assurances  
Bouman, Stephen, 403.920.2550  
McPherson, Brian, 403.920.5843

New Credit Requests  
Bolden, Bridgett, 832.320.5230