APPENDIX B

## Gas Transmission Northwest Corporation
## Pacific Express User Access Form

| ☐ Add | ☐ Change | ☐ Delete |
|---|---|---|

**Organization Information**

| Company | DUNS# |
|---|---|

**User Information**

| Name | e-mail |
|---|---|
| Title | IM Address |
| Address | |
| City | State/Province | Zip/Postal Code |
| Phone Number | Fax Number |

**Security Word:** Please **select one** of the categories below and provide a unique "security word" relating to that category which is known only to you. As a security measure to protect both parties interests, please provide this word when requesting any changes or information about your account:

| Mother's Maiden Name: | City of Birth: | Pet's Name: | Specify Security Word: |
|---|---|---|---|
| | | | |

Hardware/Software Information

| | | | |
|---|---|---|---|
| **Operating System** | ☐ Windows NT | ☐ Windows XP | ☐ Other: |
| **Browser** | ☐ Internet Explorer (recommended) | ☐ Netscape Navigator 4.__ | ☐ Other: |
| **Internet Access** | ☐ Dial Up | ☐ Direct connection | |

**System Access:** (please check all that apply)

| | |
|---|---|
| ☐ | Ability to input nominations. ***After hours phone number required:*** |
| ☐ | Ability to post/bid on Capacity Release transactions |
| ☐ | Ability to create and/or modify contracts |
| ☐ | Read Only |
| ☐ | Ability to view billing invoices online |
| ☐ | Ability to receive **hard-copy** billing invoices by **mail (only one user per company)** |

| User's Signature | Supervisor's Signature |
|---|---|

**Access request must be signed by both the User requesting access and a Supervisor.**

**AFTER COMPLETING THIS FORM PLEASE RETURN VIA FAX AT 503-833-4330**

TO BE COMPLETED BY GAS TRANSMISSION NORTHWEST CORPORATION

| User ID: | Password: |
|---|---|
| Completed by: | Date: |