
PGPIPELINE, LLC
FORM OF TRANSPORTATION SERVICE REQUEST

SHIPPER INFORMATION

Complete legal name of Shipper: _____

State of Incorporation: _____

Address: _____ Billing: _____

_____ Address: _____

Phone: _____ Phone: _____

Contact information for Notices:

Contact information for scheduling
and volume information:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Shipper is a (n)

_____ Local Distribution Company

_____ Intrastate Pipeline

_____ Interstate Pipeline

_____ Producer

_____ End User

_____ Marketer

_____ Other (Specify) _____

Name and full title of Officer, or other authorized person(s) who will execute the written transportation agreement with Transporter. (If signatory person is not an Officer, please provide written authorization for signature.)

Name: _____

Title: _____

If person requesting service is an agent of Shipper, please provide proof of authority to act as agent of Shipper and complete the following:

Legal Name of Principal: _____

which is a (n)

_____ Local Distribution Company

_____ Intrastate Pipeline

_____ Interstate Pipeline

_____ Producer

_____ End User

_____ Marketer

_____ Other (Specify) _____

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SERVICE REQUESTED

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Type of Service requested: ☐ Firm ☐ Interruptible
☐ Amendment to Service Agreement dated: _____

SERVICE INFORMATION

Maximum Daily Quantity _____ MMBtu's

Requested term of service:

Initial delivery date _____

Termination date _____

Total contract volume over life of contract
(affiliate transactions only) _____ MMBtu's

Are additional or new facilities required for Transporter to receive or delivery of Gas for the transportation service requested herein?

☐ Yes ☐ No

If yes, state type of addition or new facilities: _____

Shipper understands that this request form, complete and unrevised as to format, and a credit application must be received by Transporter before the request will be accepted and processed. Shipper further understands that Transporter is an interstate pipeline subject to the regulations of the Federal Energy Regulatory Commission ("Commission"), and that Shipper's request will become part of a log available for public inspection. Shipper hereby agrees to pay Transporter's currently effective transportation rate applicable for this service and to comply with all applicable terms of Transporter's Tariff. Shipper agrees that it will reimburse Transporter for filing fees upon receipt of an invoice therefore.

Shipper, by its signature, represents to Transporter that the information above is correct and accurate.

By: _____
Signature

Type Name and Title

Telephone Number: _____

Facsimile Number: _____