

**TRANSGAS LIMITED SCHEDULE OF SERVICE**

Customer Name:

Rate Code:

Type of Service: **Interruptible Delivery Transportation**

Number of Delivery Points:

Effective 20 \_\_\_\_\_, 09:00 Central Clock Time (CCT)

**I. Receipt Point**

Receipt Code	Receipt Point Name & Location	Max Day (GJ/d)
7777	TransGas Energy Pool	as authorized by TransGas

**II. Delivery Point(s)**

Contract #	Delivery Code	Delivery Point Name & Location	Pressure kPa		Max Day (GJ/d)	Renewal Rights
			Min	Max		
					as authorized by TransGas	Month to Month

**III. Additional Conditions**

This schedule forms part of the TransGas Service Agreement, dated \_\_\_\_\_ between \_\_\_\_\_ and TransGas Limited, which binds the companies to the TransGas Comprehensive Tariff and shall be deemed to be attached thereto.

AGREED TO AND ACCEPTED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20

AGREED TO AND ACCEPTED THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20

PER: \_\_\_\_\_

PER: \_\_\_\_\_

“CUSTOMER NAME”

TRANSGAS LIMITED