



TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name:

Rate Code:

R-90.0

Type of Service: **High Priority Interruptible Receipt Transportation**

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

I. Receipt Point(s)

Contract #	Receipt Code	Receipt Point Name & Location	Max Pressure kPa	Max Day (GJ/d)	Expiry Date	Renewal Rights
						Month to Month
Total						

II. Delivery Point

Delivery Code	Delivery Point Name & Location	Max Day (GJ/d)
7777	TransGas Energy Pool	

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: _____
"CUSTOMER NAME"

PER: _____
TRANSGAS LIMITED