



500-1777 Victoria Avenue
Regina, Saskatchewan
S4P 4K5

Application for Hub-to-hub Transfer Service

Applicant: _____ Telephone: _____
Address: _____ Fax: _____
Postal Code: _____ Contact Names: _____
E-Mail: _____

Do you currently have an ATCO account: No Yes Account Identifier: _____
Do you currently have a TEP account: No Yes

Firm Hub-to-hub Transfer Service:

Contract Transfer Amount _____ GJ/d If your full request cannot be provided, what is the Minimum Daily
Requested In-Service Date _____ Contract Transfer Amount that you would be prepared to accept?
Requested Contract Term _____ GJ/d

Interruptible Hub-to-hub Transfer Service Requested:

Requested In-Service Date _____ Yes No
Requested Contract Term _____ (month to month)

Backhaul Hub-to-hub Transfer Service Requested:

Requested In-Service Date _____ Yes No
Requested Contract Term _____ (month to month)

Customer's Comments: _____

Date: _____ Signature: _____