



## MyTransGas Account Request

The purpose of this document is to confirm the authority of the User below to view and transact business within TransGas' Secure Zone by electronic means on behalf of the Company.

<b>Add User</b>	<b>Change User</b>	<b>Add System Role</b>	<b>Current User ID:</b>	<b>Effective Date:</b>
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**Company Name:**

**Street Address:**

**City/Town:**

**Province/State:**

**Postal Code/Zip Code:**

**User First Name:**

**User Last Name:**

**User Title:**

**User Phone Number:**

**User Cell Number:**

**User E-mail:**

**System Roles Access to:**

Contracts and Capacity Release  
Invoices  
Measurement

Nominations  
Flowing Gas – Shippers  
Flowing Gas - Operators

**Tariff**

In consideration of TransGas granting access to the Secure Zone to the Company's User specified herein, and other good and valuable consideration, the Company and User agree that such User's access shall be governed by the provisions of the TransGas Comprehensive Tariff, as amended from time to time.

**Privacy**

Some of the information accessible by the User in the Secure Zone may include confidential information about the Company's business to which the *Privacy Act* (federal) or other applicable provincial legislation applies (the "Confidential Information"). I/We, on behalf of the Company, consent to the User having access, viewing and using the Confidential Information to the extent authorized herein.

**Authorization and Execution by Company**

**(must be completed by authorized officer or representative of the Company, someone other than the User/Applicant.)**

I/we warrant that I/we have full and sufficient authority to bind the Company, and to authorize the User herein to act as agent for the Company's business to the extent authorized herein and to enter into legally binding obligations on behalf of the Company. This authority and appointment shall be irrevocable except as provided in the TransGas Comprehensive Tariff, E- Business Terms and Conditions.

**Company Name:**

**Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Please complete this form and return to [tglcontracting@transgas.com](mailto:tglcontracting@transgas.com). TransGas will forward to the authorized officer or representative of your Company for Authorization and Execution. If you have any questions, please call (306) 777-9900.

By submitting this form via email or DocuSign, you agree not to contest the admissibility, validity, or enforceability of any signature or image on this form because of the fact that such signature or image was stored or handled in electronic form.